

175-5B

Department of
Health & Mental
Hygiene, Vital Records
Birth Certificates
Baltimore City

STATE OF MARYLAND

FILE ARRANGEMENT

Numerical Order

*Some Birth Certificates
are missing at time of
filming and have been
Lost*

STATE OF MARYLAND

CERTIFICATION

This is to certify that the microphotographs appearing
on this reel are accurate and complete reproductions of the file
Birth Certificates Baltimore City
(Name of file)
of DHMH Vital Records
(Agency).

This microfilming is being performed with the assistance
of the Hall of Records Commission, Records Management Division.
(Chapter 436, Acts of 1953).

Sunkild D Bolander

Date July 27, 1978

STATE OF MARYLAND

This schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and the last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the practitioner to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59557

GIVEN NAME ADDED 6-24-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Herbert~~ William Romero

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28th September 1894

4. Place of Birth, (Street and Number)

1435 Saratoga St

5. Full Name of Mother,

Gretchen Romero

6. Mother's Maiden Name,

Gretchen Moore

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Romero

9. Father's Occupation

Schreibmacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friederick Hausas M.D.

Address,

2116 West Pratt St

Remarks,

18940005255

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate bearing the first and last name of the child, the date of birth, the date of registration, the name of the parents, the date of place of birth, and the date of the third day of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report to him the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor and shall be liable to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered in other fines and forfeitures shall be recoverable.

RETURN OF A BIRTH. 59558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Schiff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 2

1. Sex, (state whether male or female). *Girl*

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 23/1894

4. Place of Birth, (Street and Number) 13-9 Harrison St.

5. Full Name of Mother, Lillian Schill

6. Mother's Maiden Name, Lizzie Harditch

7. Mother's Birthplace, ⁰⁰⁰¹ Pinsk Minsk Guberni Russia

8. Full Name of Father, Harry Schiff

9. Father's Occupation Painter

10. Father's Birthplace, Pinsk Minsk Guberni Russia

Name of Medical Attendant, or other person who makes this Return, Eva Cohen

Address, *Attended very good Child and Mother in*

Remarks. good health 9 4 0 0 0 5 3 2 8

18 940005256

been entered in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be lettered, duly signed by the physician or practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereunto, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and should he or she fail to comply with the provisions of this section, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

GIVEN NAME ADDED 8-21-52
RETURN OF A BIRTH: 59559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Kasarnowski
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Sept. 23, 1894
 4. Place of Birth, (Street and Number) 215 E. Pratt St.
 5. Full Name of Mother, Rosa Kasarnowski
 6. Mother's Maiden Name,
 7. Mother's Birthplace, Europe
 8. Full Name of Father, Joseph Kasarnowski
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, *Thos. H. Bernstein*
Address, 122 E. Center St.
Remarks, 18940005257

When and where in sex, color, the full name and occupation of the parent, the date and place of birth, and the said schedule shall be delivered, duly signed and attested by the officer of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health by a physician or practitioner of midwifery, he or she shall be required to file a statement of the birth of such child to the Commissioner of Health, immediately following the birth, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not less than five dollars and not more than ten dollars, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 23, 1891

4. Place of Birth, (Street and Number) 215 Eastmore Ave

5. Full Name of Mother, Antonia Balthus

6. Mother's Maiden Name, Italy

7. Mother's Birthplace, Italy

8. Full Name of Father, John Balthus

9. Father's Occupation, Seaman

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs Cecelia Bensevici

Address, _____

Remarks, 18940005258

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or if the mother of any child shall be unable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 23. 94

4. Place of Birth, (Street and Number)

2526 Edmonson Ave

5. Full Name of Mother,

Mrs. Rosa C. Perkins Mullens

6. Mother's Maiden Name,

Miss Perkins

7. Mother's Birthplace,

Howard Co. Md.

8. Full Name of Father,

Capt. Gregory Martin Mullens

9. Father's Occupation

Mariner

10. Father's Birthplace,

Galway, Ireland

Name of Medical Attendant, or other person who makes this Return.

G. C. Smith, M.D.

Address,

2000 B. Buck St.

Remarks,

A. True Representation

18940005259

RETURN OF A BIRTH. 59562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 child.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *September 23 1894*

4. Place of Birth, (Street and Number) *Edgar Ave 235*

5. Full Name of Mother, *Annie E. Blouse*

6. Mother's Maiden Name, *Annie E. Lewis*

7. Mother's Birthplace, *Penn. Howard county*

8. Full Name of Father, *William Blouse*

9. Father's Occupation *Carpenter*

10. Father's Birthplace, *West Pennsylvania*

Name of Medical Attendant, or other person who makes this return.

Address, *Martha E. King 545 Hickory av*

Remarks, *Baltimore City*

89 40005260

Any person who shall be covered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of any child, or should any child be born in any manner and within the period above required, and any such person shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any shall have
the date and place of birth and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the
third day of each and every month to the office of the Commissioner of Health, in the manner and within the time
shall occur without the attendance of the child to be reported hereafter it shall become the duty of the person or persons of such
child to report to the Commissioner of Health, in the manner and within the time specified in the preceding section shall be sub-
any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 59563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

name - *Wilhelmina Kochen*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,...

September the 23, 1894

4. Place of Birth, (Street and Number)...

Frederick Street No. 843

5. Full Name of Mother,...

Kates Schaefer

6. Mother's Maiden Name,...

Kates Rinsbach

7. Mother's Birthplace,...

Baltimore C. P. M. D.

8. Full Name of Father,...

Louis M. Schaefer

9. Father's Occupation,...

harness maker

10. Father's Birthplace,...

Baltimore C. P. M. D.

Name of Medical Attendant, or other person who makes this Return,...

Dr. J. K. Kelly

Address,...

No. 1222 Watkins Ave

Remarks,...

18940005261

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 2 6 2

RETURN OF A BIRTH. 59566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks

8 9 4 0 0 0 5 2 6 3

any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars (each offence, to be recovered at other hues and forfeitures are recoverable, third day of each and every month) to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars (each offence, to be recovered at other hues and forfeitures are recoverable,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to cause the same to be registered in the office of the Commissioner of Health, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

IX

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Sept 24, 1894

4. Place of Birth, (Street and Number)

127 Arch St

5. Full Name of Mother,

Mary Chapman

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Harry A. Arthur M.D.

Address,

622 W Lombard St Res'dt Phys

Remarks,

1 8 9 4 0 0 5 2 6 4

RETURN OF A BIRTH. 59567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

II
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

Black

3. Date of Birth.

Sept 24, 1894

4. Place of Birth, (Street and Number).

917 Greenwillow St
Lavinia Hall

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry A. Optner M.D.
J. R. Smith Phys

Address, 622 Lombard Jr

Remarks,

1 8 9 4 0 0 0 5 2 6 5

shall be returned, duly signed by the practitioner in the form of a certificate, to the office of the Registrar of Vital Statistics, Baltimore City, on the third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, or should an other person be in attendance at the birth of a child, he shall become the duty of the person or persons in such attendance to report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 59568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 225 N. Patterson Park Avenue

Remarks,

8 9 4 0 0 0 5 2 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 24, 1894

4. Place of Birth, (Street and Number) # 1217 S. Madras Alley

5. Full Name of Mother, Rosa Hall

6. Mother's Maiden Name, Rosa Brooks

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George B. Hall

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Glover

Address, # 123 N. Lusham St

Remarks, 1 8 9 4 0 0 0 5 2 6 7

RETURN OF A BIRTH. 59570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race) — white

3. Date of Birth, September 24th 1898

4. Place of Birth, (Street and Number) - 306. S. Jayson St.

5. Full Name of Mother, Lizzie King

6. Mother's Maiden Name, Lezie Galt

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, George H. King

9. Father's Occupation Blacksmith

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address, 2151 Wilkens Ave.

Remarks, 894000526.8

Wm. J. C. Dulany Co., City Printers and Stationers.

third schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereto attached, to the office of the Commissioner of Health, within the first ten days of each and every month to the office of the Commissioner of Health, or should no other person be available, to the attendance of a justice of the peace or justices, or should no other person be available, to the attendance of a justice of the peace or justices, in the manner and within the period above required, and such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of not less than ten dollars and not more than fifty dollars for each offence, to be recovered at other times and forfeitures are recoverable to the tune of ten (10) dollars for each offence.

RETURN OF A BIRTH. 59571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 24, 1894

4. Place of Birth, (Street and Number) 1603 Edmondson Ave.

5. Full Name of Mother, Mary Ellen Burgess

6. Mother's Maiden Name, Bumrichouse

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Edward Burgess

9. Father's Occupation, Silver Plater

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. W. Weber M.D.

Address, 723 W. Lombard St.

Remarks, Delivered with forceps

RETURN OF A BIRTH. 59572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 24/94

4. Place of Birth, (Street and Number) 821 S. Broadway

5. Full Name of Mother, Sarah Mueller

6. Mother's Maiden Name, Muhle

7. Mother's Birthplace, Balto.

8. Full Name of Father, Max Mueller

9. Father's Occupation Druggist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. L. Linschmeper

Address, 2125 Gough str.

Remarks, _____

18940005270

RETURN OF A BIRTH. 59573
 Registration Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

any such person of ten (10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)-

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

Wm. J. C. Dalany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-20-49

RETURN OF A BIRTH. 59575-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~David R. McLeod~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) -- 1st.

1. Sex, (state whether male or female).... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Monday Sept. 24th 1874

4. *Place of Birth, (Street and Number)*..... 1841 7. 2nd St.

5. Full Name of Mother, Blanch McLeod

6. Mother's Maiden Name, Manchew Whitney

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Wm McLean

9. Father's Occupation 10-12-19

10. Father's Birthplace, *Acetuna*
11

Name of Medical Attendant, or other person who makes this Return, Wilmer D. Doolittle, M.D.

Address, S. W. Lee, Walnut Street

Remarks, 8940005273

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 24 1894

4. Place of Birth, (Street and Number) No 1644 S. Charles St

5. Full Name of Mother, Elizabeth Younger

6. Mother's Maiden Name, Elizabeth Knight

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Gideon Younger

9. Father's Occupation, Mariner

10. Father's Birthplace, Calvert Co md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hinton

Address, No 1330 Hanover Street

Remarks, 1 8 9 4 0 0 0 5 2 7 4

RETURN OF A BIRTH. 59577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Sept 24th 1894*

4. Place of Birth, (Street and Number) *1338 W. Lafayette*

5. Full Name of Mother, *Clara R. Clary*

6. Mother's Maiden Name, *Clara R. Markland*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Nicholas B. Clary*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Frederick Co Md*

Name of Medical Attendant, (or other person who makes this Return) *D. H. Phillips*

Address, *753 W. Lexington St*

Remarks, *6440005275*

RETURN OF A BIRTH. 595-78

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 24th 1894

4. Place of Birth, (Street and Number) 639 N. Eutaw st

5. Full Name of Mother, Eda Perkins

6. Mother's Maiden Name, " Pfister

7. Mother's Birthplace, Baltimore City (Md)

8. Full Name of Father, W E Perkins

9. Father's Occupation, Letter carrier

10. Father's Birthplace, _____

Name of Medical Attendant, O. Edward Tauney, M.D.
or other person who makes this return,

Address, 837 N. Eutaw st.

Remarks, 1 8 9 4 0 0 0 5 2 7 6

WM J O MULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 59579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 67

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mather's Birthplace.*

8. *Full Name of Father,*-

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

Wm. J. C. Dulany Co., City Printers and Stationers.

shall adhere to shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each calendar month, to the office of the Commissioner of Health. In case the birth of any child in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the time specified in this section shall be submitted such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable attached to the fine of ten (10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable

RETURN OF A BIRTH. 59580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) 1
 3. Date of Birth, Sep 24 94
 4. Place of Birth, (Street and Number) 1914 McCulloch St
 5. Full Name of Mother, Hattie Bennett
 6. Mother's Maiden Name, Royston
 7. Mother's Birthplace, Va
 8. Full Name of Father, Sam H. Bennett
 9. Father's Occupation, Plumber
 10. Father's Birthplace, Balt
 Name of Medical Attendant, or other person who makes this Return, J. M. Wilson
 Address, 1008 Mad Ave
 Remarks, 1 8 9 4 0 0 0 5 2 7 8

and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate before the first and third day of such and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Any certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third calendar month of the year in which the child is born, and no other person shall be allowed to sign the same. In case the birth of any child shall occur without the attendance of a practitioner, the parent or other person shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Henry Karolus
50th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Septbr: 24th 1894

4. Place of Birth, (Street and Number)

901 Bevan St.

5. Full Name of Mother,

Gertha Karolus

6. Mother's Maiden Name,

Mantel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Karolus

9. Father's Occupation

music - teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

100 N. Holliday St.

Remarks,

GIVEN NAME ADDED

8-542539

h.m.

said schedule shall be delivered duly filled out to the practitioner of his parents, the date and place of birth; and the fee of each and every month to the office of the Commissioner of Health. In case the practitioner of the first and second child shall occur within the attendance of a physician or practitioner of Health, or should no other person be called to report its birth to the Commissioner of Health, in the manner and within the provisions of this section required, and no person or persons who shall hereafter fail to be recovered an other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 of September 1894

4. Place of Birth, (Street and Number) 1112 Tower Street

5. Full Name of Mother, Minna K. Schuchel

6. Mother's Maiden Name, Minna K. Schuchel

7. Mother's Birthplace, Germany

8. Full Name of Father, Wilhelm K. Schuchel

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Gans

Address, 1054 Grafton Street

Remarks, 18940005281 City

RETURN OF A BIRTH. 59584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 24th 94

4. Place of Birth, (Street and Number) 326 W. Lexington St.

5. Full Name of Mother, Mary Herule

6. Mother's Maiden Name, Mary Behrens

7. Mother's Birthplace, Hanau-schwang Germany

8. Full Name of Father, John K. Herule

9. Father's Occupation, Shoe Manufacturer

10. Father's Birthplace, Hartenberg, Germany

Name of Medical Attendant, or other person who makes this Return, Henry C. Olee M.D.

Address, 1703 W. Fayette St.

Remarks, 8940005282

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Registrar of Vital Statistics, Baltimore City, within the third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, for the purpose of being entered in the birth register. Any person who fails to comply with this requirement shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59585-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (~~state whether male or female~~)...

2. Race or Color, (~~if not of the white race~~).

3. *Date of Birth.*

Sept-24-5

4. *Place of Birth, (Street and Number)*

2297 East Monument St.

5. *Full Name of Mother,*

Emelia Jones

6. *Mother's Maiden Name,*

14 *Baker*

7. *Mother's Birthplace,*

Germany

8. *Full Name of Father,*

Frank Silver

9. *Father's Occupation*

Porter

10. *Father's Birthplace.*

German

Name of Medical Attendant, or other person who makes this Return

or other person who makes this Return.

Arundhati Roy

Address,

2 5/8 Boston Sp

Remarks.

Seven months; Superbancuze water
likely to dry. 1894 600 5283

a Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, September 25th 1894
 4. Place of Birth. (Street and Number) N^o 300 N. Gilmore St.
 5. Full Name of Mother, Kunigunda Luben.
 6. Mother's Maiden Name, " Karg.
 7. Mother's Birthplace, Pocien, Germany.
 8. Full Name of Father, John G. Luben.
 9. Father's Occupation, Saloow Keeper
 10. Father's Birthplace, Prussian, Germany.
 Name of Medical Attendant, Amie Lindner or other person who makes this Return.
 Address, N^o 16 S. Monmouth St.
 Remarks, 18940005284

and the date and place of birth, and the name of the physician or practitioner of health, in case the birth of any child shall occur on the first and third day of each and every month of a physician or practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the mother to report to the Commissioner of Health, in the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 25th 94
4. Place of Birth, (Street and Number) 711 N. Ave St
5. Full Name of Mother, Mary J. McNew
6. Mother's Maiden Name, Balke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James F. McNew
9. Father's Occupation, Driver
10. Father's Birthplace, Phil. Pa
Name of Medical Attendant, or other person who makes this Return, D. H. Eldner M. D.
Address, 1501 S. Ragwort St
Remarks, 1 8 9 4 0 0 0 5 2 8 5

to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the practitioner shall be required to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2.

1. Sex, (state whether male or female)... male

2. Race or Color, (if not of the white race)... white

3. Date of Birth... 24 Septemb.

4. Place of Birth, (Street and Number)... 1448 Hull st.

5. Full Name of Mother... Josephine Riese

6. Mother's Maiden Name... Benson

7. Mother's Birthplace... Maryland

8. Full Name of Father... David Riese

9. Father's Occupation... Laborer

10. Father's Birthplace... Maryland

Name of Medical Attendant, or other person who makes this Return... Dr. J. W. Johnson

Address... 1331 Hull st. S. P.

Remarks...

1 8 9 4 0 0 0 5 2 8 6

RETURN OF A BIRTH 59589

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 24th/89

4. Place of Birth, (Street and Number)

525 E Madison St.

5. Full Name of Mother,

Mary McGaw

6. Mother's Maiden Name,

" O'Farlong

7. Mother's Birthplace,

Ireland

8. Full Name of Father.

Nicholas McGaw

9. Father's Occupation,

Blacksmith.

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this return

W D Booker

Address,

851 Park Av.

Remarks,

8-4-0-0-5-2-8-7

in, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

and the
first and
last of
any child
born in
this city
shall be
required,
and the
parent
shall be
subject
to the
penalty
of
forfeiture
of the
sum of
ten dollars
for each
offense,
to be
recovered
as other
fines and
forfeitures
are recovered.

RETURN OF A BIRTH. 69690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 24, 98

4. Place of Birth, (Street and Number) 808 E. Pratt Str

5. Full Name of Mother, Esther Heller

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Rumania

8. Full Name of Father, Moses Heller

9. Father's Occupation, Tailor

10. Father's Birthplace, Rumania

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 L. Exeter Str

Remarks, _____

1 8 9 4 0 0 0 5 2 8 8

been conceived its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, or to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of not more than \$100, to be recovered in other fines and forfeitures are recoverable, fixed to the date of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Sept 24th 1894

4. Place of Birth, (Street and Number) 507 Parrash alley

5. Full Name of Mother, Estie Banks

6. Mother's Maiden Name, Estie Whiting

7. Mother's Birthplace, King William & N Va

8. Full Name of Father, William Banks

9. Father's Occupation, Labor

10. Father's Birthplace, Cambridge Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 710 Leaden = Hall St

Remarks, 1 8 9 4 0 0 0 5 2 8 9

RETURN OF A BIRTH. 59592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 14 Sept
 4. Place of Birth, (Street and Number) 918. Hardford Ave.
 5. Full Name of Mother, Katie Eckerd
 6. Mother's Maiden Name, Katie Weiser
 7. Mother's Birthplace, Hannover Pa.
 8. Full Name of Father, Leather Eckerd
 9. Father's Occupation Brickman
 10. Father's Birthplace, Hannover Pa.
 Name of Medical Attendant, or other person who makes this Return, Mrs. J. Frank Mischke
 Address, 1414 E. Eagle St.
 Remarks, _____

8 9 4 0 0 0 5 2 9 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the time provided in this section, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24th September

4. Place of Birth, (Street and Number) 515 Hollara St

5. Full Name of Mother, Annai Elinor

6. Mother's Maiden Name, Annai Becker

7. Mother's Birthplace, York Pa

8. Full Name of Father, John F. Elinor

9. Father's Occupation, Walterman

10. Father's Birthplace, Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Smith midwife

Address, 1417 E. Eager St.

Remarks, _____

1 8 9 4 0 0 0 5 2 9 1

and the
place of birth; and the
third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth of a child, the physician or other person who attended the birth shall appear in person at the office of the Commissioner of Health, in the manner and within the period above required, and shall file a true and correct copy of this section with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 24th 1894

4. Place of Birth, (Street and Number)

1009 S. Stirling St Baltimore City

5. Full Name of Mother,

Annie Trip

6. Mother's Maiden Name,

Annie Green

7. Mother's Birthplace,

Harford County

8. Full Name of Father,

Charles Brock Trip

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary T. Trip

Address,

204 S. 1st St. Baltimore

Remarks,

8940005292

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the nearest health officer, and in case of failure to do so, the person or persons so failing shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59595-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female),

Edward J.

Male

2. Race or Color (if not of the white race),

A. V. 9/21/20

Mixed

3. Date of Birth,

Sept 24 - 1894

4. Place of Birth (Street and Number),

20 E. Hamilton St.

5. Full Name of Mother,

Mary Frazier

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Joe Frazier

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Edwin K. Ballard M.D.

Address,

Remarks,

18940005293

and any of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present upon the mother's confinement, thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female). male

2. Race or Color, (if not of the white race) White

3. *Date of Birth*, Sept. 25, 1894

4. Place of Birth, (Street and Number) 7242 Frederick Ave East

5. Full Name of Mother, Wheat Tosh

6. Mother's Maiden Name, Wesley Groves

7. Mother's Birthplace, Galt, Ind

8. Full Name of Father, John A. A. A.

9. Father's Occupation, Teacher

10. *Father's Birthplace,* Waltham

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 2 9 4

and the name and occupation of his parents, the date and place of birth and the date of each and every month of pregnancy, and the date of birth, and the name and occupation of the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 23 Sep

4. Place of Birth, (Street and Number) 116 E Lexington St

5. Full Name of Mother, Ellie Bell Tolade

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto

8. Full Name of Father, Michael B. Smith

9. Father's Occupation, Burner

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm R. Melling

Address, 1319 E Lexington St

Remarks, 8940005297

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur on the first day of the month, the birth should be reported on the first day of the month. No other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Estella Virginia Hutchinson*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25th September*
4. Place of Birth, (Street and Number) *3019 Hudson St*
5. Full Name of Mother, *Annie M. (Cotton) (Hudson) Hutchinson*
6. Mother's Maiden Name, " " *(Cotton) Bradley*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William (Hudson) Hutchinson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Mary L. Swaine*
Address, *824 Canton St.*
Remarks, *Child 7 months*
8940005298

Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, immediately after the birth of the child, shall report its birth to the nearest health officer, in the manner and within the period above required, and any failure to do so shall be deemed an offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 25/94

4. Place of Birth, (Street and Number) 403 S. Wolfe Str.

5. Full Name of Mother, Mary L. Mackert

6. Mother's Maiden Name, " " Dodson

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Mackert

9. Father's Occupation, Potter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seidenhofer

Address, 2225 Gough Str.

Remarks, 18940005299

that day of each, and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be present, the mother shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, and shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 15 1894
4. Place of Birth, (Street and Number) 1517 Clement St
5. Full Name of Mother, Maggie E Pierce
6. Mother's Maiden Name, Maggie E Higgins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George O Pierce
9. Father's Occupation, Sea Captain
10. Father's Birthplace, Cape Code
- Name of Medical Attendant, or other person who makes this Return, Mrs. Ethel
- Address, 1619 Euba St
- Remarks, Balt.
- 1 8 9 4 0 0 0 5 3 0 0

said schedule shall be delivered, duly signed by the practitioner, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of a child, the parent or parents thereof shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 25 1894

4. Place of Birth, (Street and Number) No. 4 Lloyd St

5. Full Name of Mother, Amie Vogel

6. Mother's Maiden Name, Amie Heinsmueller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Vogel

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

8940005301

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother shall be required to appear in person and report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is the 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. the 25th 1894

4. Place of Birth, (Street and Number) 1123. Harmon St.

5. Full Name of Mother, Maggie McQuaid

6. Mother's Maiden Name, Maggie Conroy

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John McQuaid

9. Father's Occupation, Labourer

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, 8940005302
Maggie Wilson

and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child the person attending the mother shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-5-56
RETURN OF A BIRTH. 59605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Hatfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2.*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep. 25 '94

4. Place of Birth, (Street and Number)

1008 Madison Ave

5. Full Name of Mother,

Maudie H. Hatfield

6. Mother's Maiden Name,

Wilson

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

James J. Hatfield

9. Father's Occupation,

Professor

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return.

H. H. Wilson

Address,

1008 Mad. Ave.

Remarks,

18940005303

and certificate shall be delivered, duly signed by the practitioner in the form of an affidavit, and the fee of five dollars shall be paid by the parent or guardian of the child, and the certificate shall be retained by the practitioner until the child is one year of age, and shall be delivered to the parent or guardian of the child at that time, and the parent or guardian of the child shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 Septemb.

4. Place of Birth, (Street and Number) 1448 And. st.

5. Full Name of Mother, Ellen Gunning

6. Mother's Maiden Name, Halley

7. Mother's Birthplace, Annapolis

8. Full Name of Father, Lester Gunning

9. Father's Occupation, Lab. &c.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. W. Mason

Address, 1331 Ave. St. Locust Point

Remarks, _____

1 8 9 4 0 0 0 5 3 0 4

RETURN OF A BIRTH. 59607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 26, 1894

4. Place of Birth, (Street and Number) Chicago St 419.

5. Full Name of Mother, Mary Bossman

6. Mother's Maiden Name, Mary Brown

7. Mother's Birthplace, Germany.

8. Full Name of Father, William Bossman

9. Father's Occupation, Night Watchman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Margaret A. Lambert.

Address, 1400 Clarkson St.

Remarks, 8 9 4 0 0 0 5 3 0 5

third day of each and every month to the office of the Commissioner of the Department of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

1 8 9 4 0 0 0 5 3 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Michaela Margaret Patti 314

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, 413 South Carolina Street

Remarks, ~~The men only 60~~

1894 0005308

59611

aid schedule shall be delivered, duly signed by the practitioner in the name of the state and place of birth, and the date of such delivery, to the Commissioner of Health, on or before the third day of each and every month to the office of a certain officer, to be designated by the Commissioner of Health, in and to the city of New York, and such failure to deliver the same shall constitute a misdemeanor, and shall occur without the attendance of a physician or practitioner of midwifery, or cause no other person to be present at such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered on other fines and forfeitures are recoverable.

Знаю

Heule

le lord

Sept 25th

Balto. York st no 115

Wm Smith

18 Stinson

Hubertson

© 2008 The Authors
Journal compilation © 2008 Blackwell Publishing Ltd

Meriania blanda

or other person who makes this Return.

100 601 20 other

1 8 9 4 0 0 0 5 3 0 0

and schedule shall be delivered duly signed by the practitioner, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the parent or person having charge of the child to report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 26 - 1894

4. Place of Birth, (Street and Number)

419 Kanawha St

5. Full Name of Mother,

Emma Sophia Hofmann

6. Mother's Maiden Name, "

Reichardt

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry Hofmann

9. Father's Occupation

Shoemaker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Mrs. H. H. H. H.

Address,

800 E. Baltimore St.

Remarks,

1 8 9 4 0 0 5 3 1 1

RETURN OF A BIRTH. 59614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) _____

2. Race or Color. (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dufany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of midwifery, or abortion no other person be in attendance upon the mother, the person or persons who shall become and within the provisions of such child and the person or persons who shall become and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th Sept - 1894

4. Place of Birth, (Street and Number) # 1110 Ridgely st -

5. Full Name of Mother, Mary J. Cook

6. Mother's Maiden Name, Mary M. Magahan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H. Cook

9. Father's Occupation, Gardner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. M. Bange

Address, 711 N. Broadway

Remarks, _____

1 8 9 4 0 0 0 5 3 1 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female) *Female*

2. Race or Color, (If not of the same race or color as the mother, state the race or color of the father) _____
3. Date of Birth, 26 September 1874 2010

5. Full Name of Mother, Henrietta Short

6. Mother's Maiden Name, Almira
7. Mother's Birthplace, Bathurst N.S.

9. Father's Occupation Banker

Name of Medical Attendant, or other person who makes this Return. John H. H.

Name of Medical Attendant, makes this Return.

Address, 504 S Washington St

Remarks, 18940005314

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

2. Race or Color, ()
3. Date of Birth, Sept 26, 1894

4. Place of Birth, (Street and Number) 1576 Hanover St.
New Berlin

5. Full Name of Mother, Dora Wilson Fisher

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Adelphi, Virginia

8. Full Name of Father, Alfred William
Barwick

9. Father's Occupation, Barman
Baltimore

10. Father's Birthplace, _____ or other person who _____
H.W. Weber, M.D.

Name of Medical Attendant, or other person who makes this Return, *W. H. L. L.*

Name of Medical Attendant, _____ makes this return.
Address, _____ 723 W. Lombard St _____

Address, _____
Remarks, Natural 8 9 4 0 0 0 5 3 1 5

[illegible]

shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- 6th

1. Sex, (state whether male or female)- Male

2. Race or Color, (if not of the white race)- White

3. Date of Birth, 8 Apr 26 1894

4. Place of Birth, (Street and Number)- 807 Pierce St

5. Full Name of Mother, Emma Walker

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Walker

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Maria G. G.

Address, 206 N. Schroeder St

Remarks,

18940005317

Fill in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 59620

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female -

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept - 26th 1894

4. Place of Birth, (Street and Number)

339 So. Pason St

5. Full Name of Mother,

Elizabeth Riley

6. Mother's Maiden Name,

" Weber

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

Ebenezer Riley

9. Father's Occupation,

Iron Moulder

10. Father's Birthplace,

Balt City

Name of Medical Attendant, or other Person who makes this Return

S. A. Bell M.D.

Address,

309 W. Hoffman St

Remarks,

18940005318

and the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of such and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or the attendance of a midwife, or the attendance upon the mother, immediately after the birth of the child, the parent or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18940005319

GIVEN NAME ADDED 5-5-59 9623
 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Archer Milton Frome

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, *September 26/94*

4. Place of Birth, (Street and Number) *1324 Light St Balto Md*

5. Full Name of Mother, *Kate Frome*

6. Mother's Maiden Name, *Kate Kemmeter*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Herman W. Frome*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other person who makes this Return, *John H. H. H.*

Address, *Medical Dept*

Remarks, *8 9 4 0 0 0 5 3 2 1*

RETURN OF A BIRTH. 59624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

Male

white

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Sept. 26 1894

3. *Date of Birth*

129 S. Broadway

4. *Place of Birth, (Street and Number)*

Elizabeth P. Mansfield

5. Full Name of Mother,

Elizabeth P. Hugg

6. *Mother's Maiden Name.*

Leander New Jersey

7. *Mother's Birthplace,*

Arthur D. Mansfield

8. *Full Name of Father,*

Physicians

9. *Father's Occupation*

Baltimore City and

10. *Father's Birthplace.*

R. W. Mansfield M.D.

Name of Medical Attendant, or other person who makes this Return

129 S Broadway

Address _____

129 813 m dinary

Remarks,

8 9 4 0 0 0 5 3 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

and certificate shall be delivered, duly signed by the physician or the parent, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the physician or practitioner of midwifery shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the event of the failure of any such person or persons to comply with the provisions of this section, he or she shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59625-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Lewis Hopf
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 26th 1894*
4. Place of Birth, (Street and Number) *43 West Pratt St*
5. Full Name of Mother, *Kennigunda Hopf*
6. Mother's Maiden Name, *Kennigunda Pistel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Simon Hopf*
9. Father's Occupation, *Boat and shoe fitter*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Catherine McSahon*
Address, *735 W Pratt St Baltimore*
Remarks, *GIVEN FINE 1000 4-12-54*
18940005323m

1-28-66

RETURN OF A BIRTH. 09626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edith Eliza Hill
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3 Date of Birth,

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 5 3 2 4

Wm J. C. Bulany Co., City Printers and Stationers.

[illegible]

and the
third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such class to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the regulations of the Board of Health, and any such person or persons who shall neglect to do so shall be deemed to be guilty of an offense, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten dollars for each offense.

RETURN OF A BIRTH 59627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 27/94

4. Place of Birth, (Street and Number) 28 E. Crosskey

5. Full Name of Mother, Annie A. Crumbitt

6. Mother's Maiden Name, Kirkman

7. Mother's Birthplace, Italy

8. Full Name of Father, Aug. Crumbitt

9. Father's Occupation, Shoe Carpent Cleaning

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Prof. D. Black, M.D.

Address, 608 S. Race St.

Remarks, This was a premature birth (7 mos)

RETURN OF A BIRTH. 59628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 27 1894

4. Place of Birth, (Street and Number) 1400 N. Eolymor St

5. Full Name of Mother, Mary John Hutchins

6. Mother's Maiden Name, Mary Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hutchins

9. Father's Occupation, Club

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. W. Morris M.D.

Address, 1571 Prussman Ave

Remarks, 8940005326

RETURN OF A BIRTH. 59629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 27 d.

4. Place of Birth, (Street and Number) 618 Rose St

5. Full Name of Mother, Agusta Schaffer

6. Mother's Maiden Name, Agusta Fulle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schaffer

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Duayne

Address, 824 Canton St.

Remarks, 8940005327

said schedule shall be delivered, duly signed by the practitioner of his parents, the date and place of birth, and the third day of each and every month to the officer or practitioner of the district in which the child is born, and the practitioner shall immediately thereafter, if he shall become the duty of the parent and no other person be in attendance of the child, to report its birth to the City and County Registrar, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 27th
4. Place of Birth, (Street and Number) 3018 Hudson St.
5. Full Name of Mother, Mary Keys
6. Mother's Maiden Name, Mary Sullivan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Keys
9. Father's Occupation, Cannemaker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine
- Address, 221 Canton St.
- Remarks, _____

18940005328

RETURN OF A BIRTH. 59631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept- 27
 4. Place of Birth, (Street and Number) 631 Light St.
 5. Full Name of Mother, Mary Matthews
 6. Mother's Maiden Name, Mary Kearnon
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, John Matthews
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, H. W. Wilson Jr.
 Address, 738 Light St
 Remarks, _____

1 8 9 4 0 0 0 5 3 2 9

as a schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the name and within the time provided for in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 27 1894

4. Place of Birth, (Street and Number)

622 So. Calvert St.

5. Full Name of Mother,

Mary Brannan

6. Mother's Maiden Name,

Mary Brady

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Edward Brannan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

H. P. O'Brien M.D.

Address,

726 E. Preston St.

Remarks,

18940005330

RETURN OF A BIRTH. 59633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27th September.

4. Place of Birth, (Street and Number) 1423 Boston street

5. Full Name of Mother, Antoni Lecha

6. Mother's Maiden Name, Rosalski

7. Mother's Birthplace, Germany.

8. Full Name of Father, Yohan Tsepha.

9. Father's Occupation Laborer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Miss T. Liersmann

Address: 1925 Hall Street.

Remarks: 8 9 4 0 0 0 5 3 3 1

Such certificate shall be delivered, daily signed by the practitioner or a parent, the date and place of birth, and the third year of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten if a dollar for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....7.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

aid schedule shall be delivered, duly signed by the practitioner in the form of a certificate placed in the hands of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur upon the attendance of a physician or practitioner of midwifery, or should no other person be available, the physician or practitioner of midwifery, it shall become the duty of the period or parents of such child to report its birth to the Commissioner of Health in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 37.633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 27. 94

4. Place of Birth. (Street and Number) 714 E. Baltimore

5 Full Name of Mother Lessie R. Allen

6. Mother's Maiden Name. _____

7. Mother's Birthplace. Europe

8. Full Name of Father. *Samuel B. Rubin*

9. Father's Occupation Waltzman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who made this Return Wm. H. Beardslee

Address 122 J. Evelyn St

Bunganya 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 27/1894

4. Place of Birth, (Street and Number) 419 N. Paca St.

5. Full Name of Mother, Emma Louisa Vollmer

6. Mother's Maiden Name, Camp

7. Mother's Birthplace, New Tripoli Lehigh Co. Pa.

8. Full Name of Father, Charles J. Vollmer

9. Father's Occupation, Barber

10. Father's Birthplace, Newark N. J.

Name of Medical Attendant, or other person who makes this Return, B. W. Webber M.D.

Address, 723 W. Lombard St.

Remarks, Natural 4 4 0 0 0 5 3 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second, and between the second and third, and shall be subject to the penalty of a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, and the third day of the month to the office of the Commissioner of Health. In case the birth occurs on the first and second days of the month, the certificate shall be delivered to the office of the Commissioner of Health, and the attendance upon the mother, immediately thereafter, shall be reported to the Commissioner of Health, in the manner and within the time provided for in any act or resolution of the Board of Health, and for failure to comply with the provisions of this section, the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept 27 1894

4. Place of Birth, (Street and Number) 1021 N Dallas st

5. Full Name of Mother, Lustoria Fisher

6. Mother's Maiden Name, " Christened

7. Mother's Birthplace, Balt

8. Full Name of Father, Edward H Fisher

9. Father's Occupation, Shut Cutter

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Brown

Address, 944 N Gay st

Remarks, 18940005338

RETURN OF A BIRTH. 59639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race)*—

3. *Date of Birth,*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 4 4 0 0 0 5 3 3 7

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than ten dollars (10) nor more than twenty dollars (20) and forfeitures are recoverable.

said certificate shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be present, by the mother, immediately thereafter. It shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, to report the birth of the child to the County Registrar in the manner and within the period above required, and to file the certificate so signed by the mother or other person, together with the report, in the office of the Registrar. Any person who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *Sept 28 94*

4. Place of Birth, (Street and Number) *1623 Mc Elder St*

5. Full Name of Mother, *Sarah A. R. Taylor*

6. Mother's Maiden Name, *"Palto" Schmeiss*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *John Taylor*

9. Father's Occupation, *Carts Driver*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other person who makes this Return, *Carroll Miller*

Address, *1600 Walbrook St*

Remarks, _____

1 8 9 4 0 0 0 5 3 3 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person authorized by the Commissioner of Health, the parent or other person shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and if it is found that the parent or other person has failed to do so, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John Taylor
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Sep 28 - 94
4. Place of Birth, (Street and Number) 1823 Gough St
5. Full Name of Mother, Isabelle L. Taylor
6. Mother's Maiden Name, Goggins
7. Mother's Birthplace, Balti
8. Full Name of Father, Wm J. Taylor
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Balti
Name of Medical Attendant, or other person who makes this return, Mrs Mary A. Allwell
Address, 1438 N. Bond
Remarks, 18940005339

GIVEN NAME ADDED 1-18-53

RETURN OF A BIRTH. 59642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Lillian Ruth Ingham*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2-d*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 28, 1894.*
4. Place of Birth, (Street and Number) *118 W. Clement St*
5. Full Name of Mother, *Sophia Ingham*
6. Mother's Maiden Name, *Hume Geyer*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Wm Ingham*
9. Father's Occupation, *Seaman*
10. Father's Birthplace, *City*

Name of Medical Attendant, or other person who makes this Return, *L. Burch MD*

Address, *571 V. Avenue*

Remarks,

1 8 9 4 0 0 0 5 3 4 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or midwife, or if the mother or father of the child shall fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child is attended upon by a midwife, or a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth of such child to report to the Commissioner of Health, and to file a copy of such report with the Registrar of Vital Statistics, and any such person or persons failing to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over
RETURN OF A BIRTH. 59643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *III*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 27/94*
4. Place of Birth, (Street and Number) *122 W. Durham str.*
5. Full Name of Mother, *Josephina Weider*
6. Mother's Maiden Name, *" Hook*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Joseph Weider*
9. Father's Occupation *Laborer*
10. Father's Birthplace, *Balto.*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Laisenhofer*
Address, *2225 Gough St*
Remarks, *Full name of child - John George Weider*
8940005341

the date and place of birth, and the birth of any child, shall be reported to the Registrar of Vital Statistics, Baltimore City, by the practitioner in the form of a certificate, which shall be filed in the office of the Registrar. The certificate shall be signed by the practitioner, and shall contain the following information: (1) The date and place of birth, (2) the sex, (3) the race or color, (4) the date of birth, (5) the place of birth, (6) the full name of mother, (7) the mother's maiden name, (8) the mother's birthplace, (9) the full name of father, (10) the father's occupation, (11) the father's birthplace, (12) the name of medical attendant, (13) the address, (14) the remarks. The certificate shall be filed in the office of the Registrar, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 28 1894

4. Place of Birth, (Street and Number) 103 Easton St

5. Full Name of Mother, Amie Johnson

6. Mother's Maiden Name, Gado

7. Mother's Birthplace, City

8. Full Name of Father, Thomas Johnson

9. Father's Occupation, Painter

10. Father's Birthplace, City

Name of Medical Attendant, M. H. Leathley
or other person who makes this Return.

Address, 1004 West Lexington St.

Remarks, _____

18940005342

RETURN OF A BIRTH. 59645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clara Virginia Kane

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 28 - 1894

4. Place of Birth, (Street and Number)

112 626 Caroline St.

5. Full Name of Mother,

Maggie Kane

6. Mother's Maiden Name,

Hedden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kane

9. Father's Occupation,

Driner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Miss L. Cross

Address,

1907 E Monument St

Remarks,

18940005343

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately hereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified. Any parent or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th day of September 18 94

4. Place of Birth, (Street and Number) 334 E. Calumet Ave. Hampden

5. Full Name of Mother, Henrietta J. Kimball

6. Mother's Maiden Name, Hepburn

7. Mother's Birthplace, Barrett

8. Full Name of Father, Geo. E. Kimball

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 4 0 0 0 5 3 4 4

and schedule shall be delivered, duly signed by the practitioner in the form certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should it be in the case occur without the attendance of a physician or practitioner of midwifery, or should it be in the case of the mother, immediately thereafter, in the manner and within the period above required, and in child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be discovered on other fines and forfeitures are recoverable.

59647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race).

3. Date of Birth, 28 Feb 1911

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. Father's Birthplace, Bath, Co.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 3 4 5

CERTIFICATE AMENDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race) — Black

3. *Date of Birth,* *Sept- 28/94*

4. Place of Birth, (Street and Number) 12306 Harrison Ave

5. Full Name of Mother, Mary M. C. Draper

6. Mother's Maiden Name, — Mary M. Kelly

7. Mother's Birthplace, Somerset - Co. (M.C.)

8. Full Name of Father, E. D. W. Whipple

9. Father's Occupation Carpenter

10. Father's Birthplace, Laurel, Cal. Mex.

Name of Medical Attendant, or other person who makes this Return, Geo. J. Williams

Address, *6 N. Grove St.*

Remarks _____ 6 9 4 0 0 0 5 3 4 6 /

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered on other lines and forfeitures are recoverable.

RETURN OF A BIRTH. 59649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and
in
case
the
birth
of
any
child
shall
occur
within
the
month
of
the
Commissioner
of
Health,
or
in
case
the
birth
of
any
child
shall
occur
without
the
attendance
of
a
physician
or
practitioner
of
midwifery,
the
person
or
persons
of
such
attendance
upon
the
mother,
immediately
thereafter,
in
the
manner
and
within
the
period
above
required,
and
child
to
report
its
birth
to
the
Office
of
the
Registrar
of
Vital
Statistics,
in
the
manner
and
within
the
period
above
required,
and
any
person
who
shall
hereafter
fail
to
comply
with
the
provisions
of
this
section
shall
be
sub-
jected
to
the
fine
of
ten
(10) dollars
for
each
offense,
to
be
recovered
as
other
dues
and
fines
are
recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, sep 28 1894

4. Place of Birth, (Street and Number) 526 Harrison's Alley

5. Full Name of Mother, _____

6. Mother's Maiden Name, annie sonbely

7. Mother's Birthplace, dorchester Co. md

8. Full Name of Father, George Hollines

9. Father's Occupation, laborer

10. Father's Birthplace, Essex Co. Va

Name of Medical Attendant, Mrs. Charity Jones or other person who makes this Return.

Address, 509 Harrison's Alley

Remarks, _____

8940005347

RETURN OF A BIRTH. 59650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 - Annie

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday, Sept. 28, 1894

4. Place of Birth, (Street and Number) 177 Harrison St.

5. Full Name of Mother,

6. Mother's Maiden Name, Minnie Hersh

7. Mother's Birthplace, Redwan Russia

8. Full Name of Father, Samuel Snyder

9. Father's Occupation, Tailor

10. Father's Birthplace, Redwan Russia

Name of Medical Attendant, or other person who makes this Return, Eva Cohen

Address, Child and Mother very well.

Remarks,

18940005348

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, and in case the birth of any child shall occur within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other times and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be fined or imprisoned, or both, at the discretion of the court, and the fine and imprisonment shall be recoverable.

RETURN OF A BIRTH. 59651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th Sept.

4. Place of Birth, (Street and Number) N. 1219 Columbia St.

5. Full Name of Mother, Maria Dreier

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Kidenhof Germany

8. Full Name of Father, Michael Dreier

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address, N. 780 Cross St.

Remarks, 18940005349

third day of each and every month to the office of the Commissioner of Health. In case the child is born to a woman who is not a resident of the City of Baltimore, the mother shall report its birth to the Commissioner of Health, immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28th
4. Place of Birth, (Street and Number) 132 S. Schroder St.
5. Full Name of Mother, Amelia Lehr
6. Mother's Maiden Name, Musler
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lehr
9. Father's Occupation, Baker
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf
Address, 206 H. Schroder St.
Remarks, 18940005350

RETURN OF A BIRTH. 59654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 29*

4. Place of Birth, (Street and Number) *26 E. York St*

5. Full Name of Mother, *Emma Fahy*

6. Mother's Maiden Name, *Emma Karls*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Bartley Fahy*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Ann Fahy*

Address, *41 Guilford Alley*

Remarks, *18940005352*

shall be delivered, duly signed by the registrant, in the form of a certificate between the first and third day of each and every month to the office of the Registrar, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any child to report to the Registrar, immediately thereafter, it shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59655-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29 Sept

4. Place of Birth, (Street and Number)

515 Regester st

5. Full Name of Mother,

Katie Darmstadt

6. Mother's Maiden Name,

Katie Rahr

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Paul Rahr

9. Father's Occupation,

Sabre

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs Schuman

Address,

1035 N Gay st

Remarks,

18940005353

59657

[illegible]

1. Sex, (state whether male or female).

Ground
Hale
White

29 of Sept

1709 Cary St

Sarah Smith

Sarah Christ

Fredrick Corrent M.D.

E. Lewis Smith

Lipsman, B. et

Baltimore

Mrs. Donnelly

1635 Little Walsh St

now

1 3 9 4 0 0 0 5 3 5 5

RETURN OF A BIRTH. 59658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the third day of each and every month, to the Registrar of Vital Statistics, or to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to deliver the same to the Registrar of Vital Statistics, or to the Commissioner of Health, within the period above specified, with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 29th*

4. Place of Birth, (Street and Number) *Chesapeake St no 1111*

5. Full Name of Mother, *Lucy H. Gansen*

6. Mother's Maiden Name, *Lucy H. Humphrey*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Friedrich Wm. Gansen*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *Miss J. Liebschmann*

Address, *1225 Race Street*

Remarks, *18940005356*

RETURN OF A BIRTH. 591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

+ 8 9 4 0 0 0 5 3 5 7

RETURN OF A BIRTH. 59660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd

1. Sex. (state whether male or female). *Male*

2. Race or Color, (if not of the white race) - White

3. Date of Birth, Sept. 29, 1894.

4. Place of Birth, (Street and Number) 433 E. Paca

5. Full Name of Mother, Hennietta E. Durbeld

6. Mother's Maiden Name, Hannetta E. Fowler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank E. Dillield

9. Father's Occupation..... Printer

10. Father's Birthplace, New Jersey.

Name of Medical Attendant, or other person who makes this Return, Sheldon Locke M.D.

Address, 914 N. Charles St.

Remarks, 8 9 4 0 0 0 5 3 5 8

The third day of each and every month, the practitioner in the form of a certificate between the first and second day of such month shall deliver to one of the Commissioner of Health, to cause the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in and within the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and the
date and place of birth, and the
in case the birth of any child
shall occur within the period above required, and
shall become the duty of the person or persons of such
in the manner and within the period above required, and
with the provisions of law, and shall be recoverable
in other times and forfeitures are recoverable.

RETURN OF A BIRTH. 59661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth, *Sept 29*

4. Place of Birth, (Street and Number) *1828 W. Garrison St*

5. Full Name of Mother, *Mary A. Byrnes*

6. Mother's Maiden Name, *Curley*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Michael Byrnes*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Mrs. M. Worrigan*

Address, *412 Scott St*

Remarks, *18940005359*

shall be received, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the mother or other person who has charge of the child shall report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex, (state whether male or female).... Male

2. Race or Color, (if not of the white race).... M

3. Date of Birth,.... Sept 29

4. Place of Birth, (Street and Number).... St 7 Columbia Ave.

5. Full Name of Mother,.... Neagoe Weil

6. Mother's Maiden Name,.... Docter

7. Mother's Birthplace,.... Germany

8. Full Name of Father,.... Father Weil

9. Father's Occupation,.... Brown Apakes

10. Father's Birthplace,.... Germany

Name of Medical Attendant, or other person who makes this Return,.... Mrs M. H. Morrison

Address,.... 412 Pratt St

Remarks,.... 1-8-9-4-0-0-0-5-3-6-0

shall be delivered, duly signed by the Practitioner, Midwife, or other person who makes this Return, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on the third day of each and every month, or on the day next following the day of the birth of the child, in case the birth of any child occurs on the last day of the month. In case the birth of any child occurs on the last day of the month, the Practitioner, Midwife, or other person who makes this Return, shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept 29 '94

4. Place of Birth, (Street and Number) 1201 N. Oglethorpe St.

5. Full Name of Mother, Isabel Blökel

6. Mother's Maiden Name, Dietz

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Blökel

9. Father's Occupation, Coppersmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline M. May

Address, 1605 Walker St.

Remarks, _____

8940005361

GIVEN NAME ADDED 6-6-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Birth Child
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male
1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 of Sept 1894
4. Place of Birth, (Street and Number) Boston 225 S. Green
5. Full Name of Mother, Lizabett Goldwain
6. Mother's Maiden Name, Sauyth
7. Mother's Birthplace, Germany
8. Full Name of Father, John Goldwain
9. Father's Occupation, carpenter
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Manning
Address, 414 S. Stricker St. Watndorf
Remarks, Mother and child are doing well.
8 9 4 0 0 0 5 3 6 2

any day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother, or the person for whose benefit or interest such birth shall occur, shall be liable to a fine of not less than \$100 nor more than \$500, and without the payment of such fine shall be subject to imprisonment for not less than 30 days nor more than 60 days. In case any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars and such offense, to be recovered on other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner, and the physician or practitioner of midwifery, or the nurse of any child shall secure the birth of any child, and shall immediately thereafter, in the manner and within the period above required, and in any such report or return, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

^{GIVEN NAME ADDED 8-17-56}
RETURN OF A BIRTH.

CERTIFICATE CORRECTED ¹⁰⁻³⁰⁻⁵⁷

59665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anthony Andrew ~~Kotrdla~~ Kotrla

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29 September 1894*
4. Place of Birth, (Street and Number) *1608 Longaster St.*
5. Full Name of Mother, *Rosa Kotrla Kotrla*
6. Mother's Maiden Name, *Kruskova*
7. Mother's Birthplace, *Peterajch*
8. Full Name of Father, *Johan ~~Kotrdla~~ Kotrla*
9. Father's Occupation, *Leberman*
10. Father's Birthplace, *Peterajch*

Name of Medical Attendant, or other person who makes this Return, *Meri Press*

Address, *C. Bond St. 838*

Remarks, *18940005363*

RETURN OF A BIRTH. 59666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 29th September 1894.

4. Place of Birth, (Street and Number) 2324 Gembel street.

5. Full Name of Mother, Loma Valkenberg

6. Mother's Maiden Name, Anna Krause

7. Mother's Birthplace, Germany.

8. Full Name of Father, B. Elias Valkenberg.

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Liebsmann.

Address, 1225 Hare street.

Remarks, 18940005364

RETURN OF A BIRTH. 59667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 29th

1894

4. Place of Birth, (Street and Number)

832 Bakers Court

5. Full Name of Mother,

Amelia F. Whit

6. Mother's Maiden Name,

Amelia F. May

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph P. Whit

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Wm. M. Munn

Address,

20611 Schroeder st

Remarks,

18940005365

RETURN OF A BIRTH. 59668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant

or other person who
makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 3 6 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who are entitled to report the birth to the Commissioner of Health, in the manner and within the period above required, and in compliance with the provisions of this act, to comply with the provisions of this action shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

and schedule shall be delivered, duly signed by the physician or his parent, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, or should no child be born in the family, the parent, immediately thereafter, it shall become the duty of the person or persons of such child to be born, to cause the birth of the child to be registered within the period above required, and any such person or persons who shall hereafter fail to comply with this provision shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 24. 1894

4. Place of Birth, (Street and Number) 137 Gay St

5. Full Name of Mother, Rachel Singer

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Singer

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. E. 4th St

Remarks, 18940005367

RETURN OF A BIRTH. 59670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept 29th 1894.
4. Place of Birth, (Street and Number) Baltimore # 802 McDougall St.
5. Full Name of Mother, Mrs. Mary Baker.
6. Mother's Maiden Name, Mrs. Mary Harrison.
7. Mother's Birthplace, Dorchester County Md.
8. Full Name of Father, Mr. J. G. Baker.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Illinois County.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Rebeccah Jackson
- Address, # 137 (1) Maple St.
- Remarks, 18940005368

RETURN OF A BIRTH. 59672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 Aug 1894

4. Place of Birth, (Street and Number) 1651 E Monument St

5. Full Name of Mother, Mary Biel

6. Mother's Maiden Name, W. J. Remm.

7. Mother's Birthplace, Harford Co Md

8. Full Name of Father, William F. Richardson

9. *Father's Occupation* Collector

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Brown

Address, 6944 1/2 Grant

Remarks, 370

8 9 4 0 0 0 5 3 7 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to cause a certificate of birth to be made, and to file the same with the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Sept 29, 1894

4. Place of Birth, (Street and Number)

2212 Parrish St

5. Full Name of Mother,

Mary E Kane

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who
signed this Return,

Harry A. Arthur MD.

Address,

622 W. Lombard St

Reside Phy.

Remarks.

1 8 9 4 0 0 0 5 3 7 1

RETURN OF A BIRTH. 59674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 3 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Three*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 30th 1894*

4. Place of Birth, (Street and Number) *135 East Camden Street*

5. Full Name of Mother, *Mrs. Mary*

6. Mother's Maiden Name, *Mary Peakey*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Blaney*

9. Father's Occupation, *Iron Moulder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Miss Ellen Sargent*

Address, *83 400 53*

Remarks, *400 53 Baltimore*

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, the practitioner shall be liable for the same, and shall be liable to the penalty of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, to the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur without the attendance of a physician or practitioner of health. It shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 30

4. Place of Birth, (Street and Number) 506 Allenheim Street

5. Full Name of Mother, Emma Scott

6. Mother's Maiden Name, Bell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Scott

9. Father's Occupation, Salvager

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. H. Thompson

Address, 412 Scott St

Remarks, 8940005374

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents shall be liable to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept 24

4. Place of Birth, (Street and Number) 744 N. Matthews St

5. Full Name of Mother, Maggie Mc Kee

6. Mother's Maiden Name, Delaney

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Mc Kee

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1205 Oakwood St

Remarks, _____

1 8 9 4 0 0 0 5 3 7 5

RETURN OF A BIRTH. 59678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 31 Sept.

4. *Place of Birth, (Street and Number)* 312 N. 6th

5. Full Name of Mother, Bernie May

6. Mother's Maiden Name, Bernice Smith

7. Mother's Birthplace, Battermore

8. Full Name of Father, William J. [unclear]

9. Father's Occupation *Farmer*

10. *Father's Birthplace,* Batavia, Mo.

Name of Medical Attendant, or other person who makes this Return. Mrs. P. C.

Address, 1774 Euclid Ave.

Remarks, _____

8 9 4 0 0 0 5 3 7 6

third day of each and every month to the office of the Commissioner of Health, in case of a child born between the first and third day of each and every month, and the attendance upon the mother, immediately thereafter, and the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and at the time and place prescribed by the provisions of the laws of this State, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec. 30 - 1894*
4. Place of Birth, (Street and Number) *113 Spring St.*
5. Full Name of Mother, *Annie Heige*
6. Mother's Maiden Name, *Heilfrich*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jacob Heige*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who made this Return. *Mary Stein*
- Address, *427 E. Pratt St.*
- Remarks,

1 8 9 4 0 0 5 3 7 7

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or parent of such child shall report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female)

2. Race or ~~Color~~ of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940005378

third day of each month, or, if the birth occurs on the first day of the month, on the first day of the month following, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, the parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *III*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 30, 1904*

4. Place of Birth, (Street and Number) *514 S. Collington Ave.*

5. Full Name of Mother, *Maggie Bauernfeind*

6. Mother's Maiden Name, *Rauk*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Henry Bauernfeind*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Disenhofer*

Address, *2225 Gough St.*

Remarks, _____

18940005379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd child

Malz

White

September 30 of 1894

800 E. Chase St Bklyn.

I do Caswell

John Sanford

Baltimore Md

William Bassett

Teamster

OB a timore

or other person who makes this Return, *Mrs Mary Johns*

914 Clifton Place Ballo

8940005380

RETURN OF A BIRTH. 89683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 3 8

RETURN OF A BIRTH. 59684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd. child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30th September

4. Place of Birth, (Street and Number)

1939 Ridgewood St.

5. Full Name of Mother,

Mrs. Katie Kempf.

6. Mother's Maiden Name,

Katie Eckert.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. Adam Kempf

9. Father's Occupation

Butcher

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. Mary J. Shockney

Remarks, 731 Goodwinland St

1 8 9 4 0 0 0 5 3 8 2

GIVEN NAME ADDED 4-15-57
RETURN OF A BIRTH. 58686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Elizabeth Bangs 300

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 23, 1894*
 4. Place of Birth, (Street and Number) *215 E. Fox St.*
 5. Full Name of Mother, *Maggie Bangs*
 6. Mother's Maiden Name, *Crispin*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Harry F. Bangs*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Birmingham Ala.*
- Name of Medical Attendant, or other person who makes this Return, *James C. Schickel M.D.*
- Address, *1017 Quince St.*
- Remarks, *18940005384*

RETURN OF A BIRTH. 59687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) 27 Lute

3. Date of Birth, Aug 30 1894

4. Place of Birth, (Street and Number) 2559 Crystal Ave

5. Full Name of Mother, Lucy Lander Clarke

6. Mother's Maiden Name, Anderson

7. Mother's Birthplace, 9 Dover Co. Virginia

8. Full Name of Father, Charles Garry Clark

9. Father's Occupation Carpenter

10. Father's Birthplace, 1424 Newboro, Virginia

Name of Medical Attendant, or other person who makes this Return, Walter Robinson

Address, 2070 N. Charles st.

Remarks, 18940005385

as a certificate shall be delivered, only signed by the practitioner in the form provided, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the time provided in this section, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Olga Nagle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four 11 74

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 30 11 87

4. Place of Birth, (Street and Number) 38 Baltimore Avenue

5. Full Name of Mother, Olga Nagle

6. Mother's Maiden Name, Olga Young

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Nagle

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs A McCreuzek

Address, 543 McCreuzek St

Remarks, 8940005386

59684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Christ

- Female

7-11

Sept 30th 94

1430 Mount St-

John Hardin

Van Meek

Baltimore Co

Harry C. Hardy

Carpenter. V.

Charford Co.

Lewis & Gray

2417 Dried Hill abs

869. 470 005 387

RETURN OF A BIRTH. 59690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....19

1. Sex, (state whether male or female). *Male*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 Feb 1904, London, England

4. Place of Birth, (Street and Number) - September 28 1894

5. Full Name of Mother, Catharine Tharion

6. Mother's Maiden Name, Thayer

7. Mother's Birthplace, Baltimore County

S. Full Name of Father. Charles W. Harris

9. Father's Occupation *Miller*

10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Report _____

Address, *Martha* *King* *45* *St. Louis*

Remarks. *18940005388*

Wm. J. C. Dulany Co., City Printers and Stationers.

which shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Boston Dec. 3 32
4. Place of Birth, (Street and Number) Sept 30th 1894
5. Full Name of Mother, Antonina Sheplea
6. Mother's Maiden Name, Schisack
7. Mother's Birthplace, Poland
8. Full Name of Father, John Sheplea
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
Name of Medical Attendant, or other person who makes this Return, Mary Kuszka
Address, 602 Bond St.
Remarks, 8940005389

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by the death of the mother, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 30. 1894

4. Place of Birth, (Street and Number) 229 N. Calvert St.

5. Full Name of Mother, Mary Sines

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Italy

8. Full Name of Father, Sam Sines

9. Father's Occupation, Solomon

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Euter str

Remarks, 18940005392

and schedule shall be delivered, signed, and filed by the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, to file the same in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59695-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 30 1894

4. Place of Birth, (Street and Number) 1029 Point Lane

5. Full Name of Mother, Barbia Schwla

6. Mother's Maiden Name, Kropa

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Schwla

9. Father's Occupation, Shomaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephman Conrad

Address, 1621 Barnes St

Remarks, 1 8 9 4 0 0 0 5 3 9 3

RETURN OF A BIRTH. 59696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 30, 1894

4. Place of Birth, (Street and Number) H. Vincent St. No. 1894

5. Full Name of Mother, Lena Brown

6. Mother's Maiden Name, "

7. Mother's Birthplace, Germany

8. Full Name of Father, John Brown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, A. L. Davis M.D.

Address, 601. Seneca St.

Remarks, "

18940005394

shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept 30th 1894

4. Place of Birth, (Street and Number) Free Lying-in Hospital 6721/2 Lomb

5. Full Name of Mother, Mary Dill

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return Harry H. Arthur M.D.

Address, 6721/2 Lombard St. Dr. Resd. Phys.

Remarks, _____

1 8 9 4 0 0 0 5 3 9 5

over

third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and the last day of the month, and to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter to the duty of the person or persons of such character as to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

- 8 9 4 0 0 0 5 3 9 6

RETURN OF A BIRTH. 59699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the physician, midwife, or other person who makes this return, to the Registrar of Vital Statistics, Baltimore City, within the time specified in the schedule. In case the birth of any child shall occur within the time specified in the schedule, the mother, immediately thereafter, shall report the birth to the Registrar of Vital Statistics, Baltimore City, and shall file a copy of this return with the Registrar of Vital Statistics, Baltimore City, within the time specified in the schedule. Any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 21, 1894

4. Place of Birth, (Street and Number) 2011 Avenue U St York Road

5. Full Name of Mother, Hannah Birch

6. Mother's Maiden Name, Hannah Martin

7. Mother's Birthplace, New York

8. Full Name of Father, William B. Birch

9. Father's Occupation, Teacher

10. Father's Birthplace, Frankfort Ky

Name of Medical Attendant, or other person who makes this Return, James Family Barber

Address, No 2011 Avenue U, York Road

Remarks, 18940005397

RETURN OF A BIRTH. 59700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second 2nd*
Male
 1. Sex, (state whether male or female).....
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 1st 1874*
 4. Place of Birth, (Street and Number) *1518 Perma Ave*
 5. Full Name of Mother, *Lena Guisic*
 6. Mother's Maiden Name, *Lena Konig*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Charles Guisic*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. A. Wenzel*
 Address, *545 McMeekin St*
 Remarks, *18940005398*

RETURN OF A BIRTH. 59701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1st*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 2nd 1889*
 4. Place of Birth, (Street and Number) *709 Penna Ave*
 5. Full Name of Mother, *Bertha W Sipes*
 6. Mother's Maiden Name, *Bertha W Schrafferle*
 7. Mother's Birthplace, *Balto*
 8. Full Name of Father, *Walter Sipes*
 9. Father's Occupation, *Brick Layer*
 10. Father's Birthplace, *Balto*
 Name of Medical Attendant, or other person who makes this Return, *Mrs A Herenzehl*
 Address, *543 Mc Necker St*
 Remarks, *18940005399*

third day of each and every month to the office of the Commissioner of Health, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to cause the same to be registered in the office of the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of the period above required, and be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth 4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 2nd 1894*

4. Place of Birth, (Street and Number) *432 Penna Ave*

5. Full Name of Mother, *Sarah Rosenberg*

6. Mother's Maiden Name, *Isabel Rosenberg*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Abraham Rosenberg*

9. Father's Occupation, *Shoe Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs H. Weisenzehl*

Address, *843 Mc Meekin St*

Remarks, *18940005400*

shall be delivered, duly signed by the parent, the date and place of birth, and the name of the child, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the schedule, and if any shall have failed to do so, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 3^d 1899

4. Place of Birth, (Street and Number) No. 8 Carroll St

5. Full Name of Mother, Iola Lawrence

6. Mother's Maiden Name, Iola Harvey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Lawrence

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

8940005401

and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance, the mother or parent of such child shall be liable to a fine of ten dollars for each offense, to be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59705-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd September

4. Place of Birth, (Street and Number) 1431 Andre St

5. Full Name of Mother, Margaret Anne Jones

6. Mother's Maiden Name, Hopkins

7. Mother's Birthplace, Swansea South Wales

8. Full Name of Father, Morgan Jones

9. Father's Occupation, tin-plate worker

10. Father's Birthplace, Morristown S. Wales

Name of Medical Attendant, or other person who makes this Return, James Cooper

Address, 1304 Hull St

Remarks, 8940005403

CERTIFICATE CORRECTED 8-9-54
RETURN OF A BIRTH. 59706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert J. Berlin

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth
~~female~~ male

1. Sex, (state whether male or female)

white

2. Race or Color, (if not of the white race)

3. Date of Birth, fourth of Sept. 1894

4. Place of Birth. (Street and Number)

202 n. Front st

5. Full Name of Mother,

Sunny Berlin

6. Mother's Maiden Name,

Hamburger

7. Mother's Birthplace,

Gollen, Prussia

8. Full Name of Father,

Sam Berlin

9. Father's Occupation,

General Business

10. Father's Birthplace,

Gollen Prussia

Name of Medical Attendant, or other person who makes this Return,

Hinder md.

Address,

143 n. Front st

Remarks,

1 8 9 4 0 0 5 4 0 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be present, the attendant upon the mother, immediately thereafter it shall become the duty of the attendant upon the mother to report its birth to the Commissioner of Health, and if the attendant upon the mother shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, H. Sept 1894

4. Place of Birth, (Street and Number) 5 High St

5. Full Name of Mother, Rose Cordish

6. Mother's Maiden Name, Chmelencor

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Cordish

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schenckman

Address, 42 alternate St

Remarks,

18940005405

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24th
4. Place of Birth, (Street and Number) 1039 S. Charles St
5. Full Name of Mother, Louisa Rittenmiller
6. Mother's Maiden Name, Debus
7. Mother's Birthplace, at
8. Full Name of Father, John Rittenmiller
9. Father's Occupation, carver
10. Father's Birthplace, at
Name of Medical Attendant, or other person who makes this Return, J. Busch M.D.
Address, 571 Harper St
Remarks, _____

1 8 9 4 0 0 0 5 4 0 6

any shall have
the date and place of birth of the child, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 59710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 Sept 1894
4. Place of Birth, (Street and Number) 103 High St
5. Full Name of Mother, Emmie Weinberg
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Weinberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Scherman
- Address, 42 Albemarle St
- Remarks, 5940005408

RETURN OF A BIRTH. 599/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male MEYER SCHNEIDERMAN
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Sept 1894
4. Place of Birth, (Street and Number) 329 Central Ave
5. Full Name of Mother, Rebecca Schneiderman
6. Mother's Maiden Name, Swartz
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Schneiderman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Scherman
- Address, 42 Albernale
- Remarks.

8940005411

Parents of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59714

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 7th 94*
4. Place of Birth (Street and Number) *1603 Millman*
5. Full Name of Mother *Emma Bootman*
6. Mother's Maiden Name *Emma Hernandez*
7. Mother's Birthplace *Balti City*
8. Full Name of Father *Francis J. Bootman*
9. Father's Occupation *Coppersmith*
10. Father's Birthplace *Balti City*
Name of Medical Attendant, or other Person who makes this Return. *Ch. S. P. G. J. M. W.*
Address *920 N. Broadway*
Remarks
1 8 9 4 0 0 5 4 1 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- 9

4. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth, 8 Sept 1917

Place of Birth, (Street and Number) 219

Full Name of Mother, With a pseudonym

5. Full Name of _____
6. Mother's Maiden Name, _____ *Scheeler*

6. Mother's Birthplace, Russia

Full Name of Father, Louis P. Adams

8. Father's Occupation Redder

9. Father's Birthplace, ————— *O. Russia*

Name of Medical Attendant, or other person who makes this Return, C. Saperstein

Name of Member 42 Abbenhall av

Remarks: 8 9 4 0 0 0 5 4 1 3

RETURN OF A BIRTH. 59716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 Sept 1894

4. Place of Birth, (Street and Number) 104 Concord St

5. Full Name of Mother, Ellis Fern

6. Mother's Maiden Name, Cogg

7. Mother's Birthplace, Balt

8. Full Name of Father, James Fern

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, C. Scherman

Address, 42 Albemarle St

Remarks, _____

18940005414

and the sex, color, the full name and occupation of its parents, the date and place of birth; and the date of birth, and the date of delivery, and the date of the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the parents of such child shall fail to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and such parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59717
CERTIFICATE CORRECTED 5-16-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Kathryn Nathanson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Sept 1894
4. Place of Birth, (Street and Number) 8 Altemarle St
5. Full Name of Mother, Tanze (Nathanson) Nathanson
6. Mother's Maiden Name, Lemson
7. Mother's Birthplace, Russia
8. Full Name of Father, Adolph (Nathanson) Nathanson
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Altemarle St

Remarks, 18940005415

RETURN OF A BIRTH. 59718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c)

1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 9th 1894*
4. Place of Birth, (Street and Number), *1873 Fordham Ave.*
5. Full Name of Mother, *Elizabeth S. Griffin*
6. Mother's Maiden Name, *Shoop*
7. Mother's Birthplace, *Bath*
8. Full Name of Father, *Milton Griffin*
9. Father's Occupation, *Mechanic*
10. Father's Birthplace, *Bath*
- Name of Medical Attendant, or other person who makes this Return, *W. H. Carter M.D.*
- Address, *1810 W. 3rd St.*
- Remarks, *18940005416*

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 59719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 1st

Ferrall

1. Sex, (state whether male or female) ---

White

2. Race or Color, (if not of the white race)-

20 hall
September 10th 1894
to return to

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

1324 Stockvar N

5. Full Name of Mother,

Marat Will

6. *Mother's Maiden Name,*

Barracl. schultze

7. *Mother's Birthplace,*

Germany

8. Full Name of Father,

John Will

9. *Father's Occupation.*

Machine

10. *Father's Birthplace,*

Germany

Name of Medical Attendant, or other person who makes this Return.

person who Miss A. H. Wenzel

Address.

person who
his Return, 543 Mc Becker

Remarks.

8 4 0 0 0 5 4 1 7

and schedule shall be delivered, duty assigned by the practitioner in the form of a certificate, to the parents, the date and place of birth, and the date of each subsequent birth, and the date of each subsequent death, of the child, and the date of each subsequent marriage of the first and third child of each and every woman, or should the birth of any child or the death of any child occur upon the attendance of a physician or shall become the duty of the period above required, and shall occur upon the mother's immediate delivery of the child, the mother and the provisions of this section shall be applicable to report its birth to the State, and the mother shall thereafter fail to be discovered as other fines and forfeitures are recoverable on any such person, of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any person who shall neglect to report the birth of a child to the Registrar of Vital Statistics, or who shall neglect to report the death of a child to the Registrar of Vital Statistics, shall be liable to a fine of ten dollars for each offense, to be recovered in other areas and forfeitures are recoverable.

RETURN OF A BIRTH. 59721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Named Child: Albert Lawrence Mensel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Sept. 14th 1894
 4. Place of Birth, (Street and Number) Cox House #2 - Calverton -
 5. Full Name of Mother, Caroline E. Mensel
 6. Mother's Maiden Name, Cotter
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, Cornelius Mensel
 9. Father's Occupation, Carpet Cleaning
 10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, J. Harvey Hill MD
- Address, 807 N. Acorn St. Ave
- Remarks, 18940005419

and address shall be delivered daily signed by the practitioner in the form of a certificate, the first and last names of each and every month to the office of the Comptroller of the Treasury, in case the birth of any child shall occur without the attendance of the practitioner, it shall become the duty of the person so attending, and shall occur upon birth to the Commissioner of Health, in the manner and to the effect hereinafter set forth, and the child, in each case, shall be subject to the provisions of this section, until he or she be recovered from the effects of other dyes and forfeitures are recoverable, and shall be the sum of ten (10) dollars for each offense, to be recovered as other dyes and forfeitures are recoverable.

GIVEN NAME ADDED 1-19-60
RETURN OF A BIRTH. 59723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Ethel 72
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) 11th Sept 1894
3. Date of Birth, 719th Chester St
4. Place of Birth, (Street and Number) Annie Briett
5. Full Name of Mother, " Houdaycke
6. Mother's Maiden Name, Annapolis
7. Mother's Birthplace, Edward S Briett
8. Full Name of Father, Carpenter
9. Father's Occupation, Annapolis
10. Father's Birthplace, Mrs Julia Groom
- Name of Medical Attendant, or other person who makes this Return, 944th Bay St
- Address, _____
- Remarks, _____

shall be delivered daily, signed by the practitioner in the form of a certificate between the first and fourth months to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall report the birth to the nearest health officer, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18 1894

4. Place of Birth, (Street and Number) 1214 E. Baltimore St.

5. Full Name of Mother, Caroline Thompson

6. Mother's Maiden Name, Ballance

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm. Thompson

9. Father's Occupation, Driver

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. L. J. Brooks

Address, 1128 Light St.

Remarks, Wm. H. Hill

1894 000 5422

RETURN OF A BIRTH. 59726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *W. Hill*

3. Date of Birth, 12 Sept 1894

4. Place of Birth. (Street and Number) 818 Broadway

5. Full Name of Mother, Annie Cohen

6. Mother's Maiden Name, John

7. Mother's Birthplace, Massachusetts

8. Full Name of Father, Thyresen

9. Father's Occupation Teacher
Russia

10. *Father's Birthplace.* *France*
 or other person who *P. J.*

Name of Medical Attendant, makes this Return, H2 App

Address,

Remarks, 1894 60054

been, concurrent) its sex, color, the full name and occupation of its parents, the date and place of birth; and the actual schedule must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the parents of such child attendance upon the mother, maintenance of health, in the manner and within the period above required, and child to reputation or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine not less than ten dollars but not more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dalany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Sept 1894

4. Place of Birth, (Street and Number) 123 E. 1st St

5. Full Name of Mother, Daisy Thurman

6. Mother's Maiden Name, Child

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Thurman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Altempler St

Remarks, 18940005425

RETURN OF A BIRTH. 59728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 13th Sept 1894
4. Place of Birth, (Street and Number) 918 1/2 Valley St
5. Full Name of Mother, Ella McCabe
6. Mother's Maiden Name, " Madden
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas E. McCabe
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs Julia Broome
- Address, 894 0005426 1/2 Gay St
- Remarks, _____

RETURN OF A BIRTH. 59729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st Sept
4. Place of Birth, (Street and Number) 407 Market Space
5. Full Name of Mother, Schara Jackson
6. Mother's Maiden Name, Stoller
7. Mother's Birthplace, Russia
8. Full Name of Father, Hyman Jackson
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Scherman
- Address, 42 Altemale St
- Remarks, _____

18940005427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH. 59731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 8 1894

4. Place of Birth, (Street and Number) 1428 E. Lombard

5. Full Name of Mother, Rosa Mies

6. Mother's Maiden Name, Christ

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Mies

9. Father's Occupation, Shoe-maker

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 2 Albemarle St.

Remarks, 18940005429

any person who shall have
said collection, or who shall
third day of each and every month to
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereupon, it shall become the duty of the person or persons of such
any such person or persons who shall hereafter fail to comply with the provisions of the period above required, and
ject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex of Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 11 1874

4. Place of Birth, (Street and Number)

580 Howard St

5. Full Name of Mother

Lizzie Barker

6. Mother's Maiden Name

Lizzie England

7. Mother's Birthplace

Mass

8. Full Name of Father

Harmon Barker

9. Father's Occupation

Police

10. Father's Birthplace

Waldo

Name of Medical Attendant, or other person who makes this Return

Dr. H. M. M. M. M.

Address

543 W. M. M. M.

Remarks

8 9 4 0 0 0 5 4 3 0

RETURN OF A BIRTH. 59733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: GEORGE WEINBERG

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race). White
3. Date of Birth, 17 Sept 1894
4. Place of Birth, (Street and Number) 133 Hising N.
5. Full Name of Mother, Ella Weinberg
6. Mother's Maiden Name, Ella Frank
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Weinberg
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, John J. [Signature]

Address, 724 Riverside Dr

[illegible]

8 9 4 0 0 0 5 4 3 1

every child, by sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, or should the child be absent from attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars or imprisonment for thirty days, or both, as the court may see fit. All children subject to the fine of ten dollars are recoverable.

RETURN OF A BIRTH. 59734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 17. 1894*

4. Place of Birth, (Street and Number) *1789 Gayles Place*

5. Full Name of Mother, *Maggie Kent*

6. Mother's Maiden Name, *Finn*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *Wm. Finn*

9. Father's Occupation, *New York*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other person who makes this return, *E. B. Peterson M.D.*

Address, *1058 Broadway*

Remarks, *8940005432*

RETURN OF A BIRTH. 59735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8440005433

59736

more City.

1. *cur*

© 2000 by John Wiley & Sons, Inc.

© 2000 by John Wiley & Sons, Inc.

RETURN OF A BIRTH. 59737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Absence of either parent for a period shall occur without the attendance of a physician or practitioner, shall become the duty of the person or persons of such attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and shall be reported by the person or persons so attending to the Commissioner of Health. In this section shall be added to report their persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Registrar shall be delivered, only after the birth of the child, and the date and place of birth, and the
 said certificate shall be delivered, only after the birth of the child, and the date and place of birth, and the
 third day of each month, to the office of the Commissioner of Health. In cases where the person be in
 attendance upon the mother, immediately thereafter, in the manner and within the period above required, and
 child to report its birth to the Registrar, who shall hereafter fail to comply with the provisions of this article, and
 any such person who shall hereafter fail to comply with the provisions of this article, and forfeitures are recoverable.
 subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 22 1894

4. Place of Birth, (Street and Number) 212 Windsor St

5. Full Name of Mother, Anna M. Eagle

6. Mother's Maiden Name, Slaughter

7. Mother's Birthplace, Belle

8. Full Name of Father, Henry M. Eagle

9. Father's Occupation, Labor

10. Father's Birthplace, Belle

Name of Medical Attendant, or other person who makes this Return. Mrs. S. A. Brooks

Address, 18 S. 3 Light St

Remarks, Living Well

8 9 4 0 0 0 5 4 3 6

and schedule shall be a year, the name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, where the first and attendance upon the mother, immediately thereafter, if shall become the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be required, and subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21 1890
4. Place of Birth, (Street and Number) 407 Hudson St
5. Full Name of Mother, Marrill R. Weather
6. Mother's Maiden Name, Grinstead
7. Mother's Birthplace, Roxbury, Va
8. Full Name of Father, George W. Whately
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Howard, Conn
Name of Medical Attendant, or other person who makes this Return, Mrs. E. P. Brooks
Address, 1828 Light St
Remarks, 8940005437

RETURN OF A BIRTH 59740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. *Date of Birth,*

4. *Place of Birth (Street and Number),*

5. Full Name of Mother,

6. *Mother's Moiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Fother's Occupation,

10. Father's Birthplocce,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940005438

RETURN OF A BIRTH. 59741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

1 8 9 4 0 0 0 5 4 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the mailing address at which it shall be delivered, they signed by the practitioner in the form of a certificate between the first and fifth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report its birth to the Commissioner of Health. In the manner and within the period above required, and by each person or persons who shall hereafter fail to comply with the provisions of this section shall be adjudged to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Sept 1894
4. Place of Birth, (Street and Number) 319 N. 4th St.
5. Full Name of Mother, Rachel Friedman
6. Mother's Maiden Name, Levine
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Friedman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
Name of Medical Attendant, or other person who makes this Return, E. Sherman
Address, 42 W. 42nd St.
Remarks, 18940005440

RETURN OF A BIRTH. 59743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 Sept 1894

4. *Place of Birth, (Street and Number)* 213 11th Street

5. Full Name of Mother, Jessie Pearl

6. *Mother's Maiden Name,* Rank

7. *Mother's Birthplace,* _____

8. Full Name of Father, _____

9. Father's Occupation Farmer

10. Further's Minneapolis

Name of Medical Attendant, or other person who makes this Return, O. Chapman

Address, 24th Ave. N. Minneapolis, Minn.

Remarks, 5 3 4 0 0 5 4 4 1

8 9 4 0 0 0 5 4 4 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third article shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be available to attend such birth, the mother or father of such child shall be bound to cause the birth of such child to be reported to the Commissioner of Health, in the manner and within the period also herein provided, by such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars each offence, to be recovered as other fines and forfeitures are recoverable.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter it shall become the duty of the person or persons of such child, or of any such person or persons, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 26 1894
4. Place of Birth, (Street and Number) 1245 Mullman St
5. Full Name of Mother, Kellie Hasselburger
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Balto
8. Full Name of Father, Frederick Hasselburger
9. Father's Occupation, Candy Maker
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brown
- Address, 1828 Light St
- Remarks, Born Well
- 8940005442

When a child is born, the full name of each child, (if any, shall have been conferred) the sex, color, the full name and occupation of the mother, and the date of birth, shall be ascertained, and a certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or month on other person to be in attendance upon the mother, immediately after the birth of the child, the mother, or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept 26/89

4. Place of Birth, (Street and Number) 1719 Patterson Park Ave

5. Full Name of Mother, Annie A Schmit

6. Mother's Maiden Name, Bachmann

7. Mother's Birthplace, Germany

8. Full Name of Father, William Schmit

9. Father's Occupation, Teamster

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Sporne

Address, 1944 Bay St

Remarks, 6940005443

RETURN OF A BIRTH. 59746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 27 1894

4. Place of Birth, (Street and Number) 1512 Light St

5. Full Name of Mother, Florence Simms

6. Mother's Maiden Name, Samsbury

7. Mother's Birthplace, Balto

8. Full Name of Father, William F. Simms

9. Father's Occupation, Engineer

10. Father's Birthplace, Prince Geo. Co.

Name of Medical Attendant, or other person who makes this Return, Mrs E. B. Brock

Address, 1528 Light St

Remarks, 18940005444

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a midwife, she shall immediately thereafter sign and forward to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered in other areas and forfeitures are recoverable.

RETURN OF A BIRTH. 59747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 23 1894

4. Place of Birth, (Street and Number) 1718 Palmyra St

5. Full Name of Mother, E. Lybette Smith

6. Mother's Maiden Name, Valner

7. Mother's Birthplace, Balto

8. Full Name of Father, Frederick Smith

9. Father's Occupation, Confectionery

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm. B. Brooks

Address, 1323 Light St

Remarks, 8-94 0005445

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the schedule, to the Registrar of Vital Statistics, Baltimore City, who shall retain the same and shall order without the attendance of a physician or practitioner of midwifery, or should no other person be id child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 29 1891
4. Place of Birth. (Street and Number) 1230 Rutapiece st
5. Full Name of Mother, Anna M. Smith
6. Mother's Maiden Name, Burke
7. Mother's Birthplace, Belle
8. Full Name of Father, Angus J. Smith
9. Father's Occupation, Builder
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return. Mrs E. B. Brooks
Address, 1828 Light st
Remarks, 8940 005446

RETURN OF A BIRTH. 59749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 20 1894*

4. Place of Birth. (Street and Number) *10 W. North St*

5. Full Name of Mother, *Augusta Grackling*

6. Mother's Maiden Name, *Fischer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John F. Grackling*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other person who makes this Return, *Mrs B. A. Brooks*

Address, *1028 Lehigh St*

Remarks, *8 9 4 0 0 0 5 4 4 7*

recently conceived) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon the mother, immediately thereafter, the practitioner shall be required to report to the Commissioner of Health, in the manner and within the period or periods of time specified in the regulations, the name of the child, the name of the mother, the name of the father, the date and place of birth, the sex, color, the full name and occupation of the mother, the full name and occupation of the father, the name of the medical attendant, the name of the person who makes this return, the address, and the remarks, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 30 1894

4. Place of Birth, (Street and Number) 1417 Hancock St

5. Full Name of Mother, Lena Seisel

6. Mother's Maiden Name, Taskamp

7. Mother's Birthplace, Polto

8. Full Name of Father, William Seigel

9. Father's Occupation, Barber

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Wm. & A. Brack

Address, 123 Light St

Remarks, Living Well

8940005448

RETURN OF A BIRTH.

60779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each certificate shall be filled out in the form of a certificate between the first and third day of each month, and shall be signed by the Registrar of Vital Statistics, or by a physician or practitioner of midwifery, or should no such person be present, by the mother, immediately thereafter, in the manner and within the period above required, and any such certificate failing to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 3 - 94

4. Place of Birth, (Street and Number)

870 Columbia St.

5. Full Name of Mother,

Marietta Lang

6. Mother's Maiden Name,

Harber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles J. Lang

9. Father's Occupation

Painter

10. Father's Birthplace,

170 Columbia St.

Name of Medical Attendant, or other person who makes this Return.

J. L. Bradden

Address,

1118 N. Race St.

Remarks,

18940005449

RETURN OF A BIRTH. 5945V

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

1894 0005450

RETURN OF A BIRTH. 59755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 of Sept.

4. Place of Birth. (Street and Number) 359 Post St.

5. Full Name of Mother, Winnie Kulman

6. Mother's Maiden Name. Reinking

7. Mother's Birthplace, Baltimore
St. L.

8. Full Name of Father, Frank Holloman
Larson

9. Father's Occupation..... Carpenter
 10. Place of Birth..... Baltimore

10. Father's Birthplace, Bellemeade
 Name of Medical Attendant or other person who

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Harris

Name of Medical Practitioner, makes this Return, _____
Address, _____ 2522 Eastern Ave. _____

Address, _____
Remarks, I am removed to 2122 Canton

8940005451 *See*

[illegible]

RETURN OF ^{the} A BIRTH. 59756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex.* (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5 Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED

RETURN OF A BIRTH

7/20/93
59757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME *HELEN ECCLESTON WHITRIDGE*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

September 28th 1894

4. Place of Birth, (Street and Number)

1125 N. Calvert Street

5. Full Name of Mother,

Mary Bowie Whitridge

6. Mother's Maiden Name,

Mary Bowie

7. Mother's Birthplace,

Prince George Co: Maryland

8. Full Name of Father,

Thomas Whitridge

9. Father's Occupation,

Gentleman

10. Father's Birthplace,

South Carolina

Name of Medical Attendant, or other person who makes this Return.

H. C. Wilson

Address,

814 Park Avenue

Remarks,

FILED OCT 1 - 1894

18940005453

and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person authorized by law to make such report, the parent or guardian of such child shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 2, 1894

4. Place of Birth, (Street and Number)

1334 Eden St

5. Full Name of Mother,

Emma Johnson

6. Mother's Maiden Name,

Small

7. Mother's Birthplace,

Baile

8. Full Name of Father,

Jos. M. Johnson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baile

Name of Medical Attendant, or other person who makes this Return,

J. A. Crouch M.D.

Address,

Engle & W. Day

Remarks,

18940005454

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Seventh

the eighth

with female

No. of Child of Mother, (state whether 1st, 2nd, or 3rd child) _____

1. Sex, (state whether male or female), _____

2. Color, (if not of the white race) _____

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Birth, _____ 4. Number, _____

3. Date of Birth,

5. Full Name of Mother, _____
Maiden Name _____

7. Mother's Birthplace,

8. Full Name of Father,

8. Full Name of _____
9. Father's Occupation _____
10. Birthplace _____

10. Father's Birthplace.

Father's Occupation
 Father's Birthplace, or other person who makes this Return.
 Name of Medical Attendant.

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940005456

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *4*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

4 of sept

4. Place of Birth, (Street and Number)

1043 Howard St

5. Full Name of Mother,

Mary Holson

6. Mother's Maiden Name,

Mary Johnson

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Samuel Johnson

9. Father's Occupation,

Criale

10. Father's Birthplace,

Balto

Name of Medical Attendent,

or other person who makes this Return.

Angeline Wilson

Address,

1019 S. Howard St

Remarks,

1 8 9 4 0 0 0 5 4 5 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Place of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*8. *Full Name of Father,*9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 4 5 8

any person who is called upon to deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this action, shall be liable to such person or persons who shall hereafter fail to comply with the provisions of this action, shall be liable to a fine of not less than \$100 dollars (one hundred dollars) and not more than \$500 dollars (five hundred dollars) for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

2. Race or Color, (if not of the white race) white
3. Date of Birth, 4268 Sharp St 11 of sept

4. Place of Birth, (Street and Number) 426 Sharp St

5. Full Name of Mother, Marie Smith

6. Mother's Maiden Name, Hennie Knox

7. Mother's Birthplace, Eastern Shore Va

8. Full Name of Father, George Knox

8. Full Name of Father, *John J. O'Connell*
9. Father's Occupation, *Steamer Boat*

10. Father's Birthplace, Balto

10. Father's Birthplace, Spain
Name of Medical Attendant, or other person who makes this Return, Angeline Wilson

Name of Medical Attendant, makes this Return. _____
Address, _____ 1619 S. Howard St

Address, 1077 8th Ave., New York City

Remarks, 18840625

Remarks, 1 8 9 4 0 0 0 5 4 5 9

and schedule shall be delivered, duly signed by the practitioner of the art of midwifery, to the office of the Registrar of Vital Statistics, Baltimore City, on the third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, in which the birth of the child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind as are required by the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures not recoverable.

RETURN OF A BIRTH. 59764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 12 of sept

4. Place of Birth, (Street and Number) 1013 Howard St

5. Full Name of Mother, Lillie Williams

6. Mother's Maiden Name, Lillie Thomas

7. Mother's Birthplace, Balto

8. Full Name of Father, George Thomas

9. Father's Occupation, Waitress

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Angeline Wilson

Address, 1019 S. Howard St

Remarks, 1 8 9 4 0 0 0 5 4 6 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the time of the birth, the mother shall become the duly qualified person to report the birth, and shall report its birth to the Commissioner of Health, in the manner and within the time and under the penalty with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59765-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep. 18-1894

4. Place of Birth, (Street and Number) #620 Barclay St

5. Full Name of Mother, Laura Bell

6. Mother's Maiden Name, " Chilcoat

7. Mother's Birthplace, Baltimore Co md

8. Full Name of Father, Hatcher Bell

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Co. md.

Name of Medical Attendant, or other person who makes this Return, R. H. Rankin M.D.

Address, #811 Jefferson St Waverly Balto. md

Remarks,

18940005461

RETURN OF A BIRTH. 59786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 19th 1894

4. Place of Birth, (Street and Number) 1046 Disquith st.

5. Full Name of Mother, Rosa Trageser

6. Mother's Maiden Name, Summers

7. Mother's Birthplace, Balto. City

8. Full Name of Father, John W. Trageser

9. Father's Occupation, Barber

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks, 1 8 9 4 0 0 0 5 4 6 2

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for the purpose of being entered in the birth register, and if such person or persons who shall hereafter be subject to the fine of ten (10) dollars for each offense, to be recovered in other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 59767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Childrens

1. Sex, (state whether ~~male~~ or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 21 of October at 10 post Nat won

4. Place of Birth, (Street and Number) 610 medasiee ally SA

5. Full Name of Mother, Minnie Bell Smith

6. Mother's Maiden Name, Minnie B. Pinkel

7. Mother's Birthplace, M.D

8. Full Name of Father, William Smith

9. Father's Occupation, Oyster Shucker and labor

10. Father's Birthplace, M.D

Name of Medical Attendant, or other person who makes this Return, Josephine Cooper

Address, 513 Shuter street

Remarks, Mother and child both well

Not to be filled out until the child is delivered. Any signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health, and to file a certificate between the first and third day of each and every month, stating the date of birth, sex, race or color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this return, address, and remarks, and the name of the person or persons who shall hereafter fail to comply with the provisions of this act, and the name of the person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(over)

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female - Florence Esther
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 23^d 1894.
4. Place of Birth, (Street and Number) 814 Essex st.
5. Full Name of Mother, Ella Boyd
6. Mother's Maiden Name, Severe
7. Mother's Birthplace, Batts. City
8. Full Name of Father, James Boyd
9. Father's Occupation, Boiler maker
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, E. B. Henry, M.D.
- Address, 1219 N. Caroline st.
- Remarks, 1 8 9 4 0 0 5 4 6 5

GIVEN NAME ADDED 9-7-55
RETURN OF A BIRTH. 59770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Edwin Bull
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept 23/94*
 4. Place of Birth, (Street and Number) *1520 Ainsworth St*
 5. Full Name of Mother, *Ida Lillie Bull*
 6. Mother's Maiden Name, *Ida Lillie Kollar*
 7. Mother's Birthplace, *York Co Penna*
 8. Full Name of Father, *John Aaron Bull*
 9. Father's Occupation, *Plasterer*
 10. Father's Birthplace, *Kent Co Maryland*
- Name of Medical Attendant, *Shra Lester*
or other person who makes this Return
- Address, *1600 E Baltimore St*
- Remarks, *8940005466*

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate by which the first child of each and every woman is born, and every subsequent child of a woman, or of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the mother shall be liable to a fine of not less than five dollars, nor more than ten dollars, for each failure, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the father or mother of any child shall neglect to attend to the duties of a physician or physician's assistant, or shall neglect to report the birth of any child to the Commissioner of Health, or shall neglect to comply with the provisions of this act, he or she shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable

RETURN OF A BIRTH. 59771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 23rd 1894

4. Place of Birth, (Street and Number) 1626 Hanover St

5. Full Name of Mother, Sara E. Barton

6. Mother's Maiden Name, Wilmington

7. Mother's Birthplace, Carroll Co.

8. Full Name of Father, William Barton

9. Father's Occupation, Harness Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. H. Brooks

Address, 1838 Light St

Remarks, Abnorm. Small

8 9 4 0 0 5 4 6 7

RETURN OF A BIRTH. 59772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

788th Lewis

1. Sex, (state whether male or female)..... Females
off-L

app-hite

2. Race or Color. (if not of the white race).

2. Race or Color, (if not of the white race) _____
3. Date of Birth, Sept. 26th 1894

3. Date of Birth, Sept. 21
4. Place of Birth, (Street and Number) #207 Rees St Haverly (Cinn.)
St. Clifford

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Susan A. Clifford
Johnson

5. Full Name of Mother, Wassie L. Johnson
6. Mother's Maiden Name, Buffumare and

6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____

7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Sylvester W. Clifford*
Musician

8. Full Name of Father, James
9. Father's Occupation Musician
Baltimore

9. Father's Occupation, _____
10. Father's Birthplace, _____

10. Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return, R. Rankin M.D.
Sp. Waverly (Cannett)

10. Partner's Name _____
Name of Medical Attendant, or other person who makes this Return. Richard
Address. 811 Jefferson St Waverly (Annex)

Address, 2811 Jefferson St. Wash.

Remarks, 8 4 4 0 0 0 5 4 6 8

8940005468

filled day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26 of Sep- 1894
4. Place of Birth, (Street and Number) 533 Front Ave
5. Full Name of Mother, Iida M. Biggs,
6. Mother's Maiden Name, Benston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Biggs
9. Father's Occupation, Civil Servant
10. Father's Birthplace, York
Name of Medical Attendant, or other person who makes this Return, Mrs. E. M. Brooks
Address, 1218 2nd St.
Remarks, 8940005469

and schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents shall be liable to a fine of ten dollars for each child born in such manner, and the parent or parents shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered in either fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept. 21 - 94

4. Place of Birth, (Street and Number) 416 Perry St.

5. Full Name of Mother, Mary L. B. Simmons

6. Mother's Maiden Name, " J. Murphy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christ. Lita Simmons

9. Father's Occupation, Horse - driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. L. Bagdikian

Address, 418 S. Paca St.

Remarks, 8440005470

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance from birth to the Commissioner of Health, in the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2/94
4. Place of Birth, (Street and Number) 1901 Harlem av
5. Full Name of Mother, Mrs. Lillian F. Hussey
6. Mother's Maiden Name, Patton
7. Mother's Birthplace, Va
8. Full Name of Father, Edgar E. Hussey
9. Father's Occupation, Engineer
10. Father's Birthplace, Va
- Name of Medical Attendant, or other person who makes this Return, H. F. Hill M.D.
- Address, 1001 Ed. av
- Remarks, 18940005471

RETURN OF A BIRTH

597.76

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September 4th 1894.*
 4. Place of Birth, (Street and Number) *644 George St*
 5. Full Name of Mother, *Esther J. Brady*
 6. Mother's Maiden Name, *Esther J. O'Neill*
 7. Mother's Birthplace, *Cambridge, Md.*
 8. Full Name of Father, *Charles A. Brady*
 9. Father's Occupation, *Manufacturer Baskets*
 10. Father's Birthplace, *Baltimore, Md.*
 Name of Medical Attendant, or other person who makes this Return, *F. C. Drane M.D.*
 Address, *# 1005 W. Lanvale St.*
 Remarks, *18940005472*

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or other person who shall attend upon the mother, or the person who shall become the duty of the person or persons of such child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any failure to do so shall be deemed to be a misdemeanor, and the person so offending shall be liable to a fine of not less than ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 4th / 94

4. Place of Birth, (Street and Number) 939 Mulberry

5. Full Name of Mother, Lavinia M. Barnett

6. Mother's Maiden Name, James

7. Mother's Birthplace, Va

8. Full Name of Father, Mr L H Barnett

9. Father's Occupation, Chief U.S. Post Office

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, W H Will M.D.

Address, 1201 Ed. Ave.

Remarks, 8940005473

RETURN OF A BIRTH. 59778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or the mother or person attending upon the mother, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 4 Sept.

4. Place of Birth, (Street and Number) 2018 Archland St.

5. Full Name of Mother, Henrie Lechisch

6. Mother's Maiden Name, Gassinger

7. Mother's Birthplace, Germany

8. Full Name of Father, Constant Lechisch

9. Father's Occupation, harness-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Walker

Address, 928 N. Cal. St.

Remarks, 18940005474

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore be employed in the office of the Commissioner of Health shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 November
4. Place of Birth, (Street and Number) 1607 Eden St.
5. Full Name of Mother, Maria Schreiber
6. Mother's Maiden Name, Schmitt
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Schreiber
9. Father's Occupation, cutter
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Anna Walter
- Address, 928 N. Central St.
- Remarks, 18940005475

any certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately prior to or during the birth, in the manner and within the period above prescribed, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 5
4. Place of Birth, (Street and Number) Balt and. Whateoat st No 1320
5. Full Name of Mother, Lattie Rollins
6. Mother's Maiden Name, Lattie Gray
7. Mother's Birthplace, King George Co. Va
8. Full Name of Father, James Rollins King George
9. Father's Occupation, Calimiser
10. Father's Birthplace, Caroline Co. Virginia
Name of Medical Attendant, or other person who makes this Return, Maria Jones
Address, 1337 Whateoat Street
Remarks, 18940005476

Use, day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the day of the person or persons of such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59 781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 5 Sept.
4. Place of Birth, (Street and Number) 1122 Proctor St
5. Full Name of Mother, Marie Langhal
6. Mother's Maiden Name, Hallerstein
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Langhal
9. Father's Occupation, -
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this return, Anna Walker
- Address, 928 N. Cal St.
- Remarks, 8940005477

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person so attending shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 Sept.
4. Place of Birth, (Street and Number) 1714 Patterson Bldg. St.
5. Full Name of Mother, Barbara Thorne
6. Mother's Maiden Name, Gramsch
7. Mother's Birthplace, Balt.
8. Full Name of Father, Ludwig Thorne
9. Father's Occupation,
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Anna Walter
- Address, 728 N. Cal St.
- Remarks, 1 8 9 4 0 0 0 5 4 7 8

RETURN OF A BIRTH. 59783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Full name of child: *Harold MacIntyre*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 8th 1894*

4. Place of Birth, (Street and Number) *707 W. Balto. St*

5. Full Name of Mother, *Jane MacIntyre*

6. Mother's Maiden Name, *Hay*

7. Mother's Birthplace, *London, Eng.*

8. Full Name of Father, *John MacIntyre*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Glenrock, Scotland*

Name of Medical Attendant, or other person who makes this Return, *Wm. Gombel M.D.*

Address, *837 N. Fayette St.*

Remarks, *18940005479*

RETURN OF A BIRTH. 59784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 9: 914

4. Place of Birth, (Street and Number) 912 N. Broadway

5. Full Name of Mother, Hattie M. Foxwell

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Leonardstown

8. Full Name of Father, Robert H. Foxwell

9. Father's Occupation, Sgt. Captain

10. Father's Birthplace, Leonardstown

Name of Medical Attendant, or other person who makes this Return, P. C. Williams

Address, 1128 Cathedral St.

Remarks, 18940005480

RETURN OF A BIRTH. 59785- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 9th 1894

4. Place of Birth, (Street and Number) 241 N. Gilmore st

5. Full Name of Mother, Mary E. Hill

6. Mother's Maiden Name, Booker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Washington Hill

9. Father's Occupation, Coach Builder

10. Father's Birthplace, Hartford Conn

Name of Medical Attendant, or other person who makes this Return, E. N. Free

Address, 602 N. Carey st

Remarks, 8940005481

RETURN OF A BIRTH. 59786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. 59787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth. (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month in the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, and the birth of such child is not reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 14: 1894

4. Place of Birth, (Street and Number) 104 Nassau Ave

5. Full Name of Mother, Lottie Hull

6. Mother's Maiden Name, Winnigan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George A. Hull

9. Father's Occupation, SL Michael's Ind

10. Father's Birthplace, MD Williams

Name of Medical Attendant, or other person who makes this Return, J. C. Williams

Address, 1128 Cathedral St

Remarks, 18940005484

RETURN OF A BIRTH. 59790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class as may be designated by the Board of Health, to report to the office of the Registrar of Vital Statistics, Baltimore City, the birth of such child, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 Sept.

4. Place of Birth, (Street and Number) 1310 Holling St.

5. Full Name of Mother, George Peabody

6. Mother's Maiden Name, = Farrell

7. Mother's Birthplace, Balt.

8. Full Name of Father, George Peabody

9. Father's Occupation, Dr. Driver

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 728 N. Cal St.

Remarks, 18940005486

and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or practitioner of midwifery, or should no other person of such character be present, the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 17

4. Place of Birth, (Street and Number) 1135 Franklin St

5. Full Name of Mother, Mrs Rebecca Reemer

6. Mother's Maiden Name, Redley

7. Mother's Birthplace, City

8. Full Name of Father, Chas Reemer

9. Father's Occupation, Scarf cutter

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, H. F. Hill M.D.

Address, 1001 Edin

Remarks, 8940005487

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

59792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 18 Sept.
4. Place of Birth, (Street and Number) 1010 E. Eager St
5. Full Name of Mother, Elise Thayer
6. Mother's Maiden Name, Vanburen
7. Mother's Birthplace, Germany
8. Full Name of Father, George Thayer
9. Father's Occupation, -
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Anna Walter
- Address, 728 N. Cal St.
- Remarks, 1 8 9 4 0 0 5 4 8 8

RETURN OF A BIRTH. 59794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, in Baltimore City, and with no other person be in attendance of a physician or practitioner of medicine, immediately after the birth of a child, and within the period above stated, to report its birth to the Commissioner of Health, in the manner and within the period above stated, and shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept - 18 - 94

4. Place of Birth, (Street and Number) 215 W. Bond St.

5. Full Name of Mother, Katie Kienasthock

6. Mother's Maiden Name, Wheatley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry L. Kienasthock

9. Father's Occupation, Conductor on Street Cars

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. M. Lumpkin M.D.

Address, 412 S. Pea, St.

Remarks, 18940005490

RETURN OF A BIRTH. 59795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Five*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Date 2nd September*

4. Place of Birth, (Street and Number) *Barnes st No 1640*

5. Full Name of Mother, *Annie Shoboda*

6. Mother's Maiden Name, *Annie Kohout*

7. Mother's Birthplace, *Crope*

8. Full Name of Father, *Anton Shoboda*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Crope*

Name of Medical Attendant, or other person who makes this Return. *Mary Hanzlik*

Address, *1923 E Eager st*

Remarks, *+ 8 9 4 0 0 0 5 4 9 1*

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall report the birth in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Sept 26 29

4. Place of Birth, (Street and Number)

1234 Carlisle Ave

5. Full Name of Mother,

Carrie Smith

6. Mother's Maiden Name,

Carrie Smith

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John A. Robinson

9. Father's Occupation

Porter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Wm. B. Jones

Address,

1121 East 1st St

Remarks,

18940005492

third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereinafter be found guilty of neglecting to do so, shall be liable to a fine of not less than five dollars nor more than ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 20 July

4. Place of Birth, (Street and Number) 1315 Monument St.

5. Full Name of Mother, Ananda Hobbes

6. Mother's Maiden Name, = Hargreth

7. Mother's Birthplace, Ball

8. Full Name of Father, William Rochler

9. Father's Occupation, =

10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. 2nd St.

Remarks, 8940005493

RETURN OF A BIRTH. 59799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

or other person who makes this Return,
Mr. Pretl
L. Bond str. 838
 8940005495

RETURN OF A BIRTH. 59800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

third day of each month to the office of the Commissioner of Health. In case the birth of any child is the result of an abortion, the mother, immediately thereafter, shall cause the physician or practitioner of midwifery, or should no other person be available, the father, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be punished by a fine of not less than ten (\$10) dollars and not more than fifty (\$50) dollars, and forfeitures are recoverable.

RETURN OF A BIRTH. 59801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 September

4. Place of Birth, (Street and Number) Alcina St. 6032

5. Full Name of Mother, Wanda Katz

6. Mother's Maiden Name, Wojewski

7. Mother's Birthplace, Pole

8. Full Name of Father, Felix Katz

9. Father's Occupation, Lebering

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, M. Bell 838

Address, 1 Bond St.

Remarks, 8940005497

RETURN OF A BIRTH. 59803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Esther M. Cutchin
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sept. 24 1894
 4. Place of Birth, (Street and Number) 1820 W. Franklin St
 5. Full Name of Mother, Katherine Vera Armiger
 6. Mother's Maiden Name, Cutchin
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, John R. Cutchin
 9. Father's Occupation, Bookkeeper
 10. Father's Birthplace, Virginia
 Name of Medical Attendant, or other person who makes this Return, W. Gambel M.D.
 Address, 837 W. Fayette St.
 Remarks, 18940005499

third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the physician or practitioner of midwifery, or should no other person be in attendance, shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs within the month of January or February, the physician or practitioner of medicine or midwife attending the birth shall file a copy of the certificate with the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28--
4. Place of Birth, (Street and Number) 1104 Franklin Ave
5. Full Name of Mother, Mrs. Jessie L. McVitty
6. Mother's Maiden Name, Edgar
7. Mother's Birthplace, Iowa
8. Full Name of Father, Geo. L. McVitty
9. Father's Occupation, Salesman in piano store
10. Father's Birthplace, Iowa
- Name of Medical Attendant, or other person who makes this Return, H. F. Hill M.D.
- Address, 1001 Ed. Ave
- Remarks, 1 8 9 4 0 0 0 5 5 0 0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Third

Female

White

September 25th - 1844

S. side. La Fayette av. det. inst. hist. Blomj dals are

Philemia ~~Longley~~ Longley

Marburger

Baltimore County

George Bongfer

Box Stone Mason

Baltimore County

Paul R. Desmond

5-25501

1530 8940005501
Hale Ave

[illegible]

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

 9 -

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, _____

Address,

Remarks,

[illegible]

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Date 27 September

4. Place of Birth, (Street and Number) Wife st. No 2216

5. Full Name of Mother, Mary De Oms

6. Mother's Maiden Name, Mary Janda

7. Mother's Birthplace, ~~Eastland~~ Grope

8. Full Name of Father, Charles De Oms

9. Father's Occupation, Paper hanger

10. Father's Birthplace, Grope

Name of Medical Attendant, or other person who makes this Return, Mary Hanzlich

Address, 1923 E. Eager st

Remarks, 1 8 9 4 0 0 0 5 5 0 3

Every certificate shall be delivered, duly signed by the practitioner in the form of a certificate bearing the name of the child, the date of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes this return, the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59809

CERTIFICATE CORRECTED 2-9-54

To the Office of Registrar of Vital Statistics, Board of Health; Baltimore City.

Name: Herman Henry Schnick / 21.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3/2 Park. Ave.
4. Place of Birth, (Street and Number) Sept. 29 - 94
5. Full Name of Mother, Johanna Schnick
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman H. Schnick
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Schneider

Address, 418 S. Paca St.

Remarks, 18940005505

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall be taken to the hospital, and there shall be a medical examination of the mother and child, and if the mother or child shall be found to be in need of medical attention, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2-

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30 September

4. Place of Birth, (Street and Number)

S. Gallas str. 427

5. Full Name of Mother,

Lizzie Kus

6. Mother's Maiden Name,

Stroube

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Johan Kus

9. Father's Occupation

Leberman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

M. Press

Address,

Remarks,

A 8940005506

RETURN OF A BIRTH. 59811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 30 - 94

4. Place of Birth, (Street and Number) 1615 - Patapsco St.

5. Full Name of Mother, Laura M. Trail

6. Mother's Maiden Name, Margaret C. Trail

7. Mother's Birthplace, Labross

8. Full Name of Father, Thompson Co.

9. Father's Occupation, Laborer

10. Father's Birthplace, Northampton Co.

Name of Medical Attendant, or other person who makes this Return, L. J. Brannen

Address, 414 S. Duca St.

Remarks, 8940005507

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and shall hereafter fall to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Herman F. Ramsel
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, 2 September 1894
4. Place of Birth, (Street and Number) 573 T. Patterson Park Rd.
5. Full Name of Mother, Therese Ramsel
6. Mother's Maiden Name, Therese Hilbert
7. Mother's Birthplace, Milwaukee, Bavaria
8. Full Name of Father, Leopold Ramsel
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Minden, Prussia
Name of Medical Attendant, or other person who makes this Return, Dr. Richard
Address, 220 W. Madison Street
Remarks, 8940005508

RETURN OF A BIRTH. 59813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color: (if not of the white race).

3. Date of Birth, Sept 11th 1894

4. Place of Birth, (Street and Number) 109 E Pleasant St

5. Full Name of Mother, Lelia A Smith

6. Mother's Maiden Name, *Eliza A Smith*

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Eugene Edward Smith

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, George R. Kennedy

Address, 711 N. Calvert St

Remarks, 8 9 4 0 0 0 5 5 0 9

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at such occurrence, upon the immediately preceding day of the birth of the person or persons so born, it shall be the duty of the father of such child to cause to be registered in the County Clerk's Office, in the manner and without delay, the following information:

(a) The name of the mother.

(b) The name of the father.

(c) The date of birth.

(d) The sex of the child.

(e) The place of birth.

(f) The color of the child.

(g) The weight of the child.

(h) The length of the child.

(i) The height of the child.

(j) The head circumference of the child.

(k) The chest circumference of the child.

(l) The arm circumference of the child.

(m) The leg circumference of the child.

(n) The foot circumference of the child.

(o) The hand circumference of the child.

(p) The middle finger length of the child.

(q) The middle ring length of the child.

(r) The middle index length of the child.

(s) The middle thumb length of the child.

(t) The middle little length of the child.

(u) The middle ear length of the child.

(v) The middle eye length of the child.

(w) The middle nose length of the child.

(x) The middle mouth length of the child.

(y) The middle chin length of the child.

(z) The middle neck length of the child.

(aa) The middle shoulder length of the child.

(ab) The middle hip length of the child.

(ac) The middle knee length of the child.

(ad) The middle ankle length of the child.

(ae) The middle heel length of the child.

(af) The middle toe length of the child.

(ag) The middle nail length of the child.

(ah) The middle hair length of the child.

(ai) The middle skin length of the child.

(aj) The middle bone length of the child.

(ak) The middle muscle length of the child.

(al) The middle nerve length of the child.

(am) The middle blood length of the child.

(an) The middle sweat length of the child.

(ao) The middle tear length of the child.

(ap) The middle saliva length of the child.

(aq) The middle urine length of the child.

(ar) The middle feces length of the child.

(as) The middle vomit length of the child.

(at) The middle spit length of the child.

(au) The middle cough length of the child.

(av) The middle sneeze length of the child.

(aw) The middle cry length of the child.

(ax) The middle laugh length of the child.

(ay) The middle smile length of the child.

(az) The middle frown length of the child.

(ba) The middle blink length of the child.

(bb) The middle stare length of the child.

(bc) The middle squint length of the child.

(bd) The middle wink length of the child.

(be) The middle nod length of the child.

(bf) The middle shake length of the child.

(bg) The middle wiggle length of the child.

(bh) The middle crawl length of the child.

(bi) The middle walk length of the child.

(bj) The middle run length of the child.

(bk) The middle jump length of the child.

(bl) The middle sit length of the child.

(bm) The middle stand length of the child.

(bn) The middle lie down length of the child.

(bo) The middle sleep length of the child.

(bp) The middle wake up length of the child.

(bq) The middle eat length of the child.

(br) The middle drink length of the child.

(bs) The middle breathe length of the child.

(bt) The middle move length of the child.

(bu) The middle rest length of the child.

(bv) The middle play length of the child.

(bw) The middle work length of the child.

(bx) The middle study length of the child.

(by) The middle relax length of the child.

(bz) The middle happy length of the child.

(ca) The middle sad length of the child.

(cb) The middle angry length of the child.

(cc) The middle surprised length of the child.

(cd) The middle scared length of the child.

(ce) The middle excited length of the child.

(cf) The middle bored length of the child.

(cg) The middle tired length of the child.

(ch) The middle hungry length of the child.

(ci) The middle thirsty length of the child.

(cj) The middle cold length of the child.

(ck) The middle fever length of the child.

(cl) The middle cough length of the child.

(cm) The middle sneeze length of the child.

(cn) The middle cry length of the child.

(co) The middle laugh length of the child.

(cp) The middle smile length of the child.

(cq) The middle frown length of the child.

(cr) The middle blink length of the child.

(cs) The middle stare length of the child.

(ct) The middle squint length of the child.

(cu) The middle wink length of the child.

(cv) The middle nod length of the child.

(cw) The middle shake length of the child.

(cx) The middle wiggle length of the child.

(cy) The middle crawl length of the child.

(cz) The middle walk length of the child.

(da) The middle run length of the child.

(db) The middle jump length of the child.

(dc) The middle sit length of the child.

(dd) The middle stand length of the child.

(de) The middle lie down length of the child.

(df) The middle sleep length of the child.

(dg) The middle wake up length of the child.

(dh) The middle eat length of the child.

(di) The middle drink length of the child.

(dj) The middle breathe length of the child.

(dk) The middle move length of the child.

(dl) The middle rest length of the child.

(dm) The middle play length of the child.

(dn) The middle work length of the child.

(do) The middle study length of the child.

(dp) The middle relax length of the child.

(dq) The middle happy length of the child.

(dr) The middle sad length of the child.

(ds) The middle angry length of the child.

(dt) The middle surprised length of the child.

(du) The middle scared length of the child.

(dv) The middle excited length of the child.

(dw) The middle bored length of the child.

(dx) The middle tired length of the child.

(dy) The middle hungry length of the child.

(dz) The middle thirsty length of the child.

(ea) The middle cold length of the child.

(eb) The middle fever length of the child.

(ec) The middle cough length of the child.

(ed) The middle sneeze length of the child.

(ee) The middle cry length of the child.

(ef) The middle laugh length of the child.

(eg) The middle smile length of the child.

(eh) The middle frown length of the child.

(ei) The middle blink length of the child.

(ej) The middle stare length of the child.

(ek) The middle squint length of the child.

(el) The middle wink length of the child.

(em) The middle nod length of the child.

(en) The middle shake length of the child.

(eo) The middle wiggle length of the child.

(ep) The middle crawl length of the child.

(eq) The middle walk length of the child.

(er) The middle run length of the child.

(es) The middle jump length of the child.

(et) The middle sit length of the child.

(eu) The middle stand length of the child.

(ev) The middle lie down length of the child.

(ew) The middle sleep length of the child.

(ex) The middle wake up length of the child.

(ey) The middle eat length of the child.

(ez) The middle drink length of the child.

(fa) The middle breathe length of the child.

(fb) The middle move length of the child.

(fc) The middle rest length of the child.

(fd) The middle play length of the child.

(fe) The middle work length of the child.

(ff) The middle study length of the child.

(fg) The middle relax length of the child.

(fh) The middle happy length of the child.

(fi) The middle sad length of the child.

(fj) The middle angry length of the child.

(fk) The middle surprised length of the child.

(fl) The middle scared length of the child.

(fm) The middle excited length of the child.

(fn) The middle bored length of the child.

(fo) The middle tired length of the child.

(fp) The middle hungry length of the child.

(fq) The middle thirsty length of the child.

(fr) The middle cold length of the child.

(fs) The middle fever length of the child.

(ft) The middle cough length of the child.

(fu) The middle sneeze length of the child.

(fv) The middle cry length of the child.

(fw) The middle laugh length of the child.

(fx) The middle smile length of the child.

(fy) The middle frown length of the child.

(fz) The middle blink length of the child.

(ga) The middle stare length of the child.

(gb) The middle squint length of the child.

(gc) The middle wink length of the child.

(gd) The middle nod length of the child.

(ge) The middle shake length of the child.

(gf) The middle wiggle length of the child.

(gg) The middle crawl length of the child.

(gh) The middle walk length of the child.

(gi) The middle run length of the child.

(gj) The middle jump length of the child.

(gk) The middle sit length of the child.

(gl) The middle stand length of the child.

(gm) The middle lie down length of the child.

(gn) The middle sleep length of the child.

(go) The middle wake up length of the child.

(gp) The middle eat length of the child.

(gq) The middle drink length of the child.

(gr) The middle breathe length of the child.

(gs) The middle move length of the child.

(gt) The middle rest length of the child.

(gu) The middle play length of the child.

(gv) The middle work length of the child.

(gw) The middle study length of the child.

(gx) The middle relax length of the child.

(gy) The middle happy length of the child.

(gz) The middle sad length of the child.

(ha) The middle angry length of the child.

(hb) The middle surprised length of the child.

(hc) The middle scared length of the child.

(hd) The middle excited length of the child.

(he) The middle bored length of the child.

(hf) The middle tired length of the child.

(hg) The middle hungry length of the child.

(hh) The middle thirsty length of the child.

(hi) The middle cold length of the child.

(hj) The middle fever length of the child.

(hk) The middle cough length of the child.

(hl) The middle sneeze length of the child.

(hm) The middle cry length of the child.

(hn) The middle laugh length of the child.

(ho) The middle smile length of the child.

(hp) The middle frown length of the child.

(hq) The middle blink length of the child.

(hr) The middle stare length of the child.

(hs) The middle squint length of the child.

(ht) The middle wink length of the child.

(hu) The middle nod length of the child.

(hv) The middle shake length of the child.

(hw) The middle wiggle length of the child.

(hx) The middle crawl length of the child.

(hy) The middle walk length of the child.

(hz) The middle run length of the child.

(ia) The middle jump length of the child.

(ib) The middle sit length of the child.

(ic) The middle stand length of the child.

(id) The middle lie down length of the child.

(ie) The middle sleep length of the child.

(if) The middle wake up length of the child.

(ig) The middle eat length of the child.

(ih) The middle drink length of the child.

(ii) The middle breathe length of the child.

(ij) The middle move length of the child.

(ik) The middle rest length of the child.

(il) The middle play length of the child.

(im) The middle work length of the child.

(in) The middle study length of the child.

(io) The middle relax length of the child.

(ip) The middle happy length of the child.

(iq) The middle sad length of the child.

(ir) The middle angry length of the child.

(is) The middle surprised length of the child.

(it) The middle scared length of the child.

(iu) The middle excited length of the child.

(iv) The middle bored length of the child.

(iw) The middle tired length of the child.

(ix) The middle hungry length of the child.

(iy) The middle thirsty length of the child.

(iz) The middle cold length of the child.

(ja) The middle fever length of the child.

(jb) The middle cough length of the child.

(jc) The middle sneeze length of the child.

(jd) The middle cry length of the child.

(je) The middle laugh length of the child.

(jf) The middle smile length of the child.

(jg) The middle frown length of the child.

(jh) The middle blink length of the child.

(ji) The middle stare length of the child.

(jj) The middle squint length of the child.

(jk) The middle wink length of the child.

(jl) The middle nod length of the child.

(jm) The middle shake length of the child.

(jn) The middle wiggle length of the child.

(jo) The middle crawl length of the child.

(jp) The middle walk length of the child.

(jq) The middle run length of the child.

(jr) The middle jump length of the child.

(js) The middle sit length of the child.

(jt) The middle stand length of the child.

(ju) The middle lie down length of the child.

(jv) The middle sleep length of the child.

(jw) The middle wake up length of the child.

(jx) The middle eat length of

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Sept 14th 94*
4. Place of Birth, (Street and Number) *1410 W. Lombard*
5. Full Name of Mother, *Emmie Henderson*
6. Mother's Maiden Name, *Jordan*
7. Mother's Birthplace, *B.C.*
8. Full Name of Father, *Benjamin Henderson*
9. Father's Occupation, *clerk*
10. Father's Birthplace, *B.C.*
- Name of Medical Attendant, or other person who makes this Return, *William F. Hill M.D.*
- Address, *1401 W. Dupont*
- Remarks, *8940005510*

RETURN OF A BIRTH. 6-9815-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 19th 1894

4. Place of Birth, (Street and Number) 715 Hayford ave

5. Full Name of Mother, Margaret E. Horn

6. Mother's Maiden Name, Haunemel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin Grauekin Horn

9. Father's Occupation, Car Inspector

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, George B. Reynolds M.D.

Address, 711 N. Calvert St

Remarks, 18940005511

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, for filing in the office and place of birth, and the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ma, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

59817

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8740005512

in, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

GIVEN NAME ADDED 10-4-56
RETURN OF A BIRTH 19818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Alice Theresa Cole

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8940005513

RETURN OF A BIRTH 59819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Frank Xavier Schloer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Sept 8. 94. - 1894

4. Place of Birth, (Street and Number)

829 N. Central ave.

5. Full Name of Mother,

Rachel H. Schloer

6. Mother's Maiden Name,

" Cohen.

7. Mother's Birthplace,

Wash D. C.

8. Full Name of Father,

Frank Robt Schloer.

9. Father's Occupation,

Wood-turner.

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

Geo. A. Hartman M.D.

Address,

1181 77 Caroline St

Remarks,

GIVEN NAME ADDED 5053-52
4 5 5 1 4

Print, as or their physical condition. whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 59820

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2d

1. Sex, (state whether male or female).... Male

2. Race or Color, (if not of the white race).... White

3. Date of Birth,.... Sept 24 74

4. Place of Birth, (Street and Number).... 1742 Maryland Ave

5. Full Name of Mother,.... Margaret H. Egan

6. Mother's Maiden Name,.... Egan

7. Mother's Birthplace,.... Baltimore

8. Full Name of Father,.... Charles E. Egan

9. Father's Occupation,.... Cutter & grinder

10. Father's Birthplace,.... Baltimore

Name of Medical Attendant, or other Person who makes this Return.... Dr. A. Mortimer

Address,.... 1131 20 Caroline St

Remarks,....

8940005515

man, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons of such child or children shall be liable to a fine of ten dollars for each child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 1st 1894
4. Place of Birth, (Street and Number) 2336 Stockton St City
5. Full Name of Mother, Amanda E Taylor
6. Mother's Maiden Name, Harvey
7. Mother's Birthplace, Prince Geo Co Md
8. Full Name of Father, Thos R Taylor
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington D C
Name of Medical Attendant, or other person who makes this Return, _____
Address, Mrs 609 S Shockney
Remarks, 18940005516

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the person so attending shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 2 - 94*

4. Place of Birth, (Street and Number) *626 E. Bay St.*

5. Full Name of Mother, *Mary Warner*

6. Mother's Maiden Name, *Drafton*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Charles Warner*

9. Father's Occupation, *Conductor on R. R.*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *W B Perry MD*

Address, _____

Remarks, _____

894000551

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, or any person who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 4-94
4. Place of Birth, (Street and Number) 203 N. Bond St.
5. Full Name of Mother, Rena McCracken
6. Mother's Maiden Name, Hamilton
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James McCracken
9. Father's Occupation, Exp. Guard in Penitentiary
10. Father's Birthplace, Wicomico Co. Md.
- Name of Medical Attendant, or other person who makes this Return, W B Perry MD
- Address, 8940005548 St.
- Remarks, _____

Third day of each and every month to the office of the Registrar as the Registrar is the agent of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such class as may be designated by the Registrar, to attend upon the mother and child, and to file a return of the birth of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ninth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 5th 1884

4. Place of Birth, (Street and Number)

433 N. Howard Ave

5. Full Name of Mother,

Mary Henderson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balti.

8. Full Name of Father,

Olive Henderson

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Balti.

Name of Medical Attendant, or other person who makes this Return,

John Jeff M.D.

Address,

101 N. Calver St

Remarks,

8940005519

RETURN OF A BIRTH. 59825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 3rd 94

4. Place of Birth, (Street and Number) 1230 Barclay St Waverly

5. Full Name of Mother, Sophia Marshall

6. Mother's Maiden Name, Morse

7. Mother's Birthplace, Balt^o

8. Full Name of Father, Samuel Marshall

9. Father's Occupation, Street car conductor

10. Father's Birthplace, Balt^o

Name of Medical Attendant, or other person who makes this Return, J. B. Hart

Address, 513- Jefferson Ave

Remarks, 18940005520 Waverly Balt^o

RETURN OF A BIRTH. 59826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 6th '94*

4. Place of Birth, (Street and Number) *430 Turner Place*

5. Full Name of Mother, *Elizabeth M^c Cormick*

6. Mother's Maiden Name, *Louise*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Andrew J. M^c Cormick*

9. Father's Occupation, *City Fireman*

10. Father's Birthplace, *Baltimore C^y*

Name of Medical Attendant, or other person who makes this Return, *J. B. Hart*

Address, *115 Jefferson Ave.*

Remarks, *18940005521*

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or persons shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 7th '94
4. Place of Birth, (Street and Number) 38 Gutzman Ave
5. Full Name of Mother, Emma Burkhardt
6. Mother's Maiden Name, " Schanze
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Burkhardt
9. Father's Occupation, Garbage collector
10. Father's Birthplace, Maryland
Name of Medical Attendant, or other person who makes this Return, J. B. Clark
Address, 515 Jefferson Ave
Remarks, 184400055/22

RETURN OF A BIRTH. 59828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 5 2 3

RETURN OF A BIRTH. 59829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 Sept, 1894

4. Place of Birth, (Street and Number) 1301 E. Bata St

5. Full Name of Mother, Beckie Katz

6. Mother's Maiden Name, Greenspoon

7. Mother's Birthplace, Russia

8. Full Name of Father, Frank Katz

9. Father's Occupation, Cigarette maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Rerman

Address, 42 Albemarle St

Remarks,

1 8 9 4 0 0 0 5 5 2 4

shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th

Male

Whili

Sept 19th 1894

528 R. East St

Alice Johnson

Shan

Belt

Asbury Johnson

paper carrier
W. + J. G.

Harford Co. Md.

Mr. B. Billings

1206 E. Parson St

8 9 4 0 0 0 5 5 2 5

any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second delivery of each and every month to the originator or practitioner of military or naval service, if such child shall occur without the attendance of the mother, and immediately thereafter if that mother shall fail to attend upon the child, to the Commissioner of the State, who shall cause the same to be submitted to the proper authorities for each offense, to be recovered as other fines and forfeitures are recoverable by such person or persons who are fined or forfeit, to the fine of ten (10) dollars.

each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner duly licensed, the person or persons attending the birth shall be liable to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 19th September 1894

4. Place of Birth, (Street and Number) No 224 Wayne Street

5. Full Name of Mother, Lizzie Johnson

6. Mother's Maiden Name, Lizzie Chase

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Thomas Johnson

9. Father's Occupation, Scholarship

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Gray

Address, _____

Remarks, 8-940005526

RETURN OF A BIRTH. 59832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be given to the father and mother of such child, and to the Registrar of Vital Statistics, Baltimore City, within every month after the birth of such child, and the father and mother of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male George William Maulsby

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 20th 1894

4. Place of Birth, (Street and Number) 413 E. First St

5. Full Name of Mother, Lida Maulsby

6. Mother's Maiden Name, B. edit

7. Mother's Birthplace, Illinois

8. Full Name of Father, George Maulsby

9. Father's Occupation, Clerk

10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return. M. B. Bullingolen

Address, 1206 E. Pratt St

Remarks, Full name of child added from letter signed by mother.
Letter filed by Regr's
20/9/35 27 Miller, clerk

RETURN OF A BIRTH. 59883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
 female Female

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 24th '94*

2. Race or Color, *Sept 24 1914*
3. Date of Birth, *Jenkins Lane*
4. Place of Birth, (Street and Number) *Elizabethtown, Pa.*

4. Place of Birth, (Street and Number) York, Pa.
5. Full Name of Mother, Elizabeth Trustle
" Black

6. Mother's Maiden Name, Wassland

7. Mother's Birthplace, Leonard A. Teusler

8. Full Name of Father, Leonardo Pano Jones

9. Father's Occupation, *Farmer*
 Birthplace *Maryland*

10. Father's Birthplace, _____
 _____ Medical Attendant, _____ or other person who makes this Return, _____

Name of Medical Attendant, *P/B Jefferson*

Address, *894000552*
Remarks

Remarks, _____

Wm J. C. Dulany Co., City Printers and Stationers.

Practitioner shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of the month in which the birth occurs, and shall be returned to the Registrar of Vital Statistics, Baltimore City, on or before the third day of the month in which the birth occurs, and shall be subject to the penalty of a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 25th 74

4. Place of Birth, (Street and Number) 620 George St.

5. Full Name of Mother, Edith Yewell

6. Mother's Maiden Name, " Chapin

7. Mother's Birthplace, Norfolk Va.

8. Full Name of Father, Wm. Yewell

9. Father's Occupation, Engineer

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, F. B. Gardner

Address, 424 N. Greene St.

Remarks, 8440005529

RETURN OF A BIRTH. 59835 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, or at the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner, the duty of the person or persons, and upon the mother, immediately thereafter, in the manner and within the time prescribed, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 29th 1884

4. Place of Birth, (Street and Number) 939 E. Monument St

5. Full Name of Mother, Mary Strimbidge

6. Mother's Maiden Name, Shannon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Strimbidge

9. Father's Occupation, Barber

10. Father's Birthplace, Hartford Ct

Name of Medical Attendant, or other person who makes this Return. M. B. Bellinger

Address, 1206 E. Boston St

Remarks,

18940005530

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 5 3

When the certificate is delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report to him to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered on other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A59841

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:
290 N. Exeter Street
(b) Mother's stay before delivery:
In hospital or institution In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 290 N. Exeter Street
(If rural give location)

3. Full name of child. REGINA KATHERINE KEARNEY

4. Date of birth September 28, 1894
(Month) (Day) (Year)

5. Sex: Female 6. Twin or triplet. If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth 6:00 P.M.

FATHER OF CHILD

9. Full Name Andrew J. Kearney
10. Color or race White 11. Age at time of this birth yrs.
12. Birthplace Baltimore County
(City, town, or county) (State or foreign country)

13. Usual occupation
14. Industry or business

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living?
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Mary E. Redding
16. Color or race White 17. Age at time of this birth 28 yrs.
18. Birthplace Baltimore, Maryland
(City, town, or county) (State or foreign country)

19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notices

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by Self, related to this child as...

24. Date rec'd by local registrar September 28, 1894

25. Signed Dr. James F. McShane Registrar

(Signed) Physician (or midwife) who attended this birth M. D. (Midwife)

State Registrar of Vital Records

26. Given name added by Registrar per

Address Date

EVER NAME ADDED 7-7-09

RETURN OF A BIRTH. 59843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

When a child is born, the father, mother, or other person who has the custody of the child, shall, within three days after the birth, file a return of the birth with the Registrar of Vital Statistics, in the form of a certificate prescribed by the Board of Health. If the father, mother, or other person who has the custody of the child, fails to file a return of the birth within the time prescribed, he or she shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days. If the father, mother, or other person who has the custody of the child, files a return of the birth which is false, he or she shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days. If the father, mother, or other person who has the custody of the child, files a return of the birth which is false, and the child is born with a disease or defect, he or she shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days. If the father, mother, or other person who has the custody of the child, files a return of the birth which is false, and the child is born with a disease or defect, and the father, mother, or other person who has the custody of the child, is guilty of a crime, he or she shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th John A. Marshall

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 30 Barclay St.

4. Place of Birth, (Street and Number) Sept 3rd 1894

5. Full Name of Mother, Sophie Marshall

6. Mother's Maiden Name, Morse

7. Mother's Birthplace, Balto

8. Full Name of Father, Samuel Marshall

9. Father's Occupation St Car Conductor

10. Father's Birthplace, Balto

Name of Medical Attendant, Dr. J. B. East or other person who makes this Return,

Address, 815 Jefferson Ave

Remarks, _____

1 8 9 4 0 0 5 5 3 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practicing or apprentice midwife, or should no other person be in attendance, the mother or other person who shall have knowledge of the birth of such child shall be required to attend to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, April 14th 1894

5. Place of Birth, (Street and Number) 325 Carrollton Ave

6. Full Name of Mother, Lillian M. Mitchell

7. Mother's Maiden Name, Parks

8. Mother's Birthplace, Virginia

9. Full Name of Father, Hamilton J. Mitchell

10. Father's Occupation, Wood Dealer

11. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jefferson Ave

Remarks, _____

1 8 9 4 0 0 0 5 5 3 4

RETURN OF A BIRTH 59869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st.

1. Sex, (state whether male or female)... Male.

2. Race or Color, (if not of the white race)...

3. Date of Birth, ... Nov 4, 94.

4. Place of Birth, (Street and Number) ... 1907 Barclay

5. Full Name of Mother, ... Jessie Richmond Lane

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ... Balto.

8. Full Name of Father, ... Edmund Scott Lane

9. Father's Occupation, ... Carpenter

10. Father's Birthplace, ... Balto.

Name of Medical Attendant, or other Person who makes this Return ... Dr. A. Shortman

Address, ... 115, 7th Avenue St.

Remarks, ... 18940005535

RETURN OF A BIRTH. 59870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10th November 1894

4. Place of Birth, (Street and Number) 206 S. High Str

5. Full Name of Mother, Golda Cohn

6. Mother's Maiden Name, —

7. Mother's Birthplace, Europe

8. Full Name of Father, Herman S. Cohn

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 722 S. Exeter Str

Remarks, 18940005536

RETURN OF A BIRTH. 59871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*

1. Sex, (state whether male or female) *Male*

2. Race or (state whether of the white race) *White*

3. Date of Birth, (state month, day, and year) *November 14th 1894*

4. Place of Birth, (state city and number) *403 N. Calhoun St*

5. Full Name of Mother *Martha Wallach*

6. Mother's Maiden Name, *Wittmar*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *David M. Wallach*

9. Father's Occupation, *Merchant in Mineral Waters*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *John Keff M.D.*

Address, *121 N. Fayette St*

Remarks, *18940005537*

third day of each and every month to the office of the Commissioner of Health, and the physician or practitioner attending the mother, immediately thereafter, in the manner and within the period of time prescribed by law, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father:*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks,

[illegible]

and shall be delivered, duly signed by the practitioner in the form of a certificate, before the expiration of the third day of each and every month to the Registrar of Vital Statistics, in case the birth of any child is attended upon by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 15, 1898

4. Place of Birth, (Street and Number) 852 E. Pratt Str

5. Full Name of Mother, Sara Cohn

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, David Cohn

9. Father's Occupation, Lebener

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Lucille Bernstein

Address, 132 S. Exeter Str.

Remarks, _____

1 8 9 4 0 0 0 5 5 3 9

RETURN OF A BIRTH 59874

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Nov 16, 1874.*

4. Place of Birth, (Street and Number) *2332 Penna. Ave.*

5. Full Name of Mother, *Minerva Sarah Guchell*

6. Mother's Maiden Name, *Hard.*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Wm. A. Guchell.*

9. Father's Occupation, *Beef butcher.*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return *Geo. A. Hartman M.D.*

Address, *1121 1/2 Caroline St.*

Remarks, *8940005540*

Print name, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

and collecting shall be delivered, duly signed and attested, to the Registrar of the Office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such attendance to file the same with the Registrar of the Office of the Commissioner of Health, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59875-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940005541

shall occur within the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person attending the birth of such child shall be liable to a fine of ten dollars for each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Second*

1. Sex, (state whether male or female)... *Female*

2. Race or Color, (if not of the white race)... *White*

3. Date of Birth... *Nov 17 - 1894*

4. Place of Birth, (Street and Number)... *1356 N. Hancock St.*

5. Full Name of Mother... *Minnie Whitten*

6. Mother's Maiden Name... *Tracy*

7. Mother's Birthplace... *Baltimore, Md.*

8. Full Name of Father... *William C. Whitten*

9. Father's Occupation... *Machinist*

10. Father's Birthplace... *Baltimore*

Name of Medical Attendant, or other person who makes this Return... *John Keffert*

Address... *101 N. Holliday St.*

Remarks... *1 8 9 4 0 0 0 5 5 4 2*

59877

more City.

any person shall be every month by the practitioner in the form of a certificate between the first and third day of each month to the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be available upon the mother immediately thereafter, to become the duty of the person or persons of such family to report in birth to the Commissioner of Health, in and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Kyle

White

17 Nov 1894

8 A. High St.

John R. Rouse

Penelope

Quercus

Joseph Brown

Painter

1000

E. Sherman

49 *Albion*

Remarks,

8940005543

This certificate shall be delivered daily signed by the practitioner in the form of a certificate between the first and tenth days of each month and every month to the office of the Commissioner of Health. Should any other person be in attendance upon the mother immediately prior to the birth of the child, or should the child be born in the home, the practitioner shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-26-53
RETURN OF A BIRTH. 59878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Benjamin Finenberg
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *17 Nov 1894*
 4. Place of Birth, (Street and Number) *815 E. Pratt St*
 5. Full Name of Mother, *Rattie Finenberg*
 6. Mother's Maiden Name, *Rattie Theodor*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Isidor Finenberg*
 9. Father's Occupation, *Store keeper*
 10. Father's Birthplace, *Romania*
- Name of Medical Attendant, or other person who makes this Return, *E. Sherman*
- Address, *Waltham St.*
- Remarks, _____

8940005544

and the schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Health, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Registrar of Health, in the manner and within the period above mentioned, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 November 1894

4. Place of Birth, (Street and Number) 1894 Durham St

5. Full Name of Mother, Mary Barborka

6. Mother's Maiden Name, Mary Zoubek

7. Mother's Birthplace, Bohimen

8. Full Name of Father, James Barborka

9. Father's Occupation, Goldarbeiter

10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Swatara

Address, 1010 Durham St

Remarks, 1 8 9 4 0 0 5 5 4 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or person who shall have charge of the child shall be liable to a fine of ten dollars for each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov. 18 1894

4. Place of Birth, (Street and Number) 21211 Etting

5. Full Name of Mother, Lizzie Boyer

6. Mother's Maiden Name, Grady

7. Mother's Birthplace, Baltimore Co. Md

8. Full Name of Father, Arthur Boyer

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore Co. Md

Name of Medical Attendant, or other person who makes this Return, Sarah E. Det

Address, 2228 Etting St.

Remarks, _____

1 8 9 4 0 0 0 5 5 4 6

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 59881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov 18, 1904.
4. Place of Birth, (Street and Number) 2518 E. Fayette St.
5. Full Name of Mother, Emma Elizabeth Gibson.
6. Mother's Maiden Name, " " Easley.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Oscar H. Gibson.
9. Father's Occupation, Letter-carrier.
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other Person who makes this Return Geo. H. Merbaum M.D.
Address, 1121 W. Caroline St.
Remarks, 18940005547

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, the parent or persons who shall be the father or mother of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3rd.

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth... November 19th 1894

4. Place of Birth, (Street and Number)... N. W. Cor. Linden Ave. & Preston St.

5. Full Name of Mother... Laura V. Hancock

6. Mother's Maiden Name... Laura V. First

7. Mother's Birthplace... Baltimore Md.

8. Full Name of Father... Josiah A. Hancock

9. Father's Occupation... Grocer

10. Father's Birthplace... Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return... Wilmer Britton, M.D.

Address... S. W. Cor. Calvert & Preston Sts.

Remarks... 8940005548

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or person having charge of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, November 19th. 1894
 4. Place of Birth, (Street and Number) 1619 Jefferson St.
 5. Full Name of Mother, Elizabeth S. Williams
 6. Mother's Maiden Name, Elizabeth Fischer
 7. Mother's Birthplace, Balt. Md.
 8. Full Name of Father, E. Melvin Williams
 9. Father's Occupation, Manager of a Printing Co.
 10. Father's Birthplace, Balt. Md.
 Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.
 Address, S. W. Cor. Calvert & Preston Sts.
 Remarks, 8940005549

Form, as or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

59884

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 19, 1924

4. Place of Birth, (Street and Number)

1751 E. North Ave.

5. Full Name of Mother,

Bertha Augusta Verne

6. Mother's Maiden Name,

Boerke

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Charles August Verne

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Geo. A. Hartman, M.D.

Address,

1121 N. Caroline St.

Remarks,

8940005550

third day of each, and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or practitioner to report the birth of the child to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Nov 1894
4. Place of Birth, (Street and Number) 667 Loc St
5. Full Name of Mother, Mary Greenbaum
6. Mother's Maiden Name, Horodatzky
7. Mother's Birthplace, Russia
8. Full Name of Father, Joel Greenbaum
9. Father's Occupation, blood keeper
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 12 Atlantic St
- Remarks, 18940005551

and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first or third day of any month, the practitioner shall deliver the certificate to the office of the Commissioner of Health on the first or third day of the following month. The practitioner shall also immediately thereafter, in the manner and within the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Nov 1894

4. Place of Birth, (Street and Number) 38 Allmanville St.

5. Full Name of Mother, Mary Carroll

6. Mother's Maiden Name, Seddy

7. Mother's Birthplace, Petersburg Va.

8. Full Name of Father, George Carroll

9. Father's Occupation, Iron Molder

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. Schumann

Address, 42 Allmanville St.

Remarks,

18940005552

shall be delivered, duly signed by the practitioner in the form of a certificate between the birth and the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance on the birth, in the manner and within the time specified in the regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, November 16 1894

4. Place of Birth, (Street and Number) 1917 Spruce St. ALge

5. Full Name of Mother, Elizabeth Jones

6. Mother's Maiden Name, Wilkinson

7. Mother's Birthplace, A. Latamora co Mo

8. Full Name of Father, William H. Jones

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, 18940005553

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
 third day of each and every month, to the Commissioner of Health. In case the birth of any child
 shall occur within the month of January, the practitioner shall also deliver to the Commissioner of Health, in
 addition to the certificate, a statement of the date and place of birth, and the name of the child, and the name of the
 mother, immediately thereafter, in the manner and within the period above required, and
 any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of not less than
 ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

67-1-7-57 RETURN OF A BIRTH. 59888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Marie Hart
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — *First*
 1. Sex, (state whether male or female) — *Female*
 2. Race or Color, (if not of the white race) — *White*
 3. Date of Birth, — *November 15th 1904*
 4. Place of Birth, (Street and Number) — *1119 Mc Spangh St*
 5. Full Name of Mother, — *Josephine Hart*
 6. Mother's Maiden Name, — *McKinnis*
 7. Mother's Birthplace, — *Balti Co Md.*
 8. Full Name of Father, — *Alfredus Hook*
 9. Father's Occupation, — *Baker*
 10. Father's Birthplace, — *Balti*
 Name of Medical Attendant, or other person who makes this Return, — *D H Solferino M.D.*
 Address, — *1501 N. Ray St*
 Remarks, — *18940005554*

and the
third day of each and the
attendant upon the birth of
any child, or person, or
subjected to the fine of ten
dollars for each offence,
to be recovered in other cases
and forfeitures are recoverable.
shall schedule shall be delivered,
duty agreed by the practitioner
in the form of a certificate
between the first and
third day of each and the
attendant upon the birth of
any child, or person, or
subjected to the fine of ten
dollars for each offence,
to be recovered in other cases
and forfeitures are recoverable.

RETURN OF A BIRTH. 59889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 19

4. Place of Birth, (Street and Number) 1610 Cincinnati Alley

5. Full Name of Mother, Sophia Rachel

6. Mother's Maiden Name, Sarah Golding

7. Mother's Birthplace, Glasgow, Scotland

8. Full Name of Father, John Rachel

9. Father's Occupation, Carpenter

10. Father's Birthplace, Calcutta India

Name of Medical Attendant, or other person who makes this Return, Mrs. J. B. Jones

Address, 1610 Cincinnati Alley

Remarks, 1 8 9 4 0 0 0 5 5 5

In case the birth of any child occurs, the birth of any child shall occur within the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner of medicine, immediately thereafter, in the manner and within the period above stated, any such person or persons shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male Frank Shapiro
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 Nov 1894
4. Place of Birth, (Street and Number) 136 N. Front St.
5. Full Name of Mother, Therese Shapiro
6. Mother's Maiden Name, Jact
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Shapiro
9. Father's Occupation, Redder
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return. E. Sherman
- Address, 42 Alameda St.
- Remarks, Full name 89440003555 when applying
- No transcript Jan. 25, 1932. L. Shapiro

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 59891

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 21, 1914

4. Place of Birth, (Street and Number) 851 Hartford Ave.

5. Full Name of Mother, Mary F. Taylor

6. Mother's Maiden Name, Lindsey

7. Mother's Birthplace, Parkersburg, W. Va.

8. Full Name of Father, Geo. E. Taylor

9. Father's Occupation, Real-Estate

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo. A. Hartman M.D.

Address, 1124 N. Caroline St.

Remarks, 18940005557

RETURN OF A BIRTH. 59892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st ALICE MARIE HOSEA

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 24 1894

4. Place of Birth, (Street and Number)

121 Felicity St

5. Full Name of Mother,

Johanna B. Noh

6. Mother's Maiden Name,

Bennett

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank M. Noh

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

J. B. Noh

Address,

Remarks,

Filed 11/21/1894

8940005558

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the persons named in the provisions of this section, and any such person or persons shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 Nov 1894

4. Place of Birth, (Street and Number) 284 E. Fayette St.

5. Full Name of Mother, Selma Zastin

6. Mother's Maiden Name, Goldberg

7. Mother's Birthplace, Russia

8. Full Name of Father, Willie Zastin

9. Father's Occupation, Miller

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, B. Sherman

Address, Baltimore Md

Remarks, 1 8 9 4 0 0 0 5 5 5 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person so attending the mother to report its birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fannie M. Kitt

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Nov 1894

4. Place of Birth, (Street and Number) 207 S. High St

5. Full Name of Mother, Fannie Kitt

6. Mother's Maiden Name, Monaghan

7. Mother's Birthplace, Russia

8. Full Name of Father, Myer Kitt

9. Father's Occupation, Cair

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, S. Scherman

Address, 41 St. Anne St

Remarks, 3-12-53

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, November 23rd 1894
 4. Place of Birth, (Street and Number) 1711 N. Broadway
 5. Full Name of Mother, Anna Mc. Ehry.
 6. Mother's Maiden Name, Anna Mc. Ehry.
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, William H. Mc. Ehry.
 9. Father's Occupation, Bookkeeper.
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, or other person who makes this Return, William Bennett M.D.
 Address, S. W. cor. Calvert & Princes Sts.
 Remarks, 8940005561

RETURN OF A BIRTH

59896

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

and, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 24, 1894

4. Place of Birth, (Street and Number)

1223 E. Biddle

5. Full Name of Mother,

Margaret Seller

6. Mother's Maiden Name,

Margaret

7. Mother's Birthplace,

Berlin

8. Full Name of Father,

George H. Seller

9. Father's Occupation,

Builder

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Dr. A. Hartman M.D.

Address,

1121 Clarence St

Remarks,

1 8 9 4 0 0 0 5 5 6 2

RETURN OF A BIRTH. 59897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Nov 1894
4. Place of Birth, (Street and Number) 1304 E. Baltimore St.
5. Full Name of Mother, Anna J. Gorman
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Gorman
9. Father's Occupation, Picture Frame Maker
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Scherbaum
- Address, 12 Allen St. N.
- Remarks, 1 8 9 4 0 0 0 5 5 6 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent of such child shall report the same to the Registrar of Health, in the manner and within the period above required, and shall be liable to a fine of ten (10) dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH. 59898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)-

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940005564

Wm. J. C. Dulany Co., City Printers and Stationers.

the fee shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on a day other than the first, second or third day of any month, the practitioner shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the practitioner to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 25 '94

4. Place of Birth, (Street and Number) 705 N Mount St

5. Full Name of Mother, Mrs. Estella B Francis

6. Mother's Maiden Name, " " Birkett

7. Mother's Birthplace, Balto County

8. Full Name of Father, Bradley T. Francis

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto County

Name of Medical Attendant, T. C. Worthington or other person who makes this Return.

Address, 840 W Fayette St

Remarks, 8940005565

and place of birth, and the date of birth, shall be reported to the Office of the Commissioner of Health, in the form of a certificate, by the physician or practitioner of midwifery, or the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 25, 1894

4. Place of Birth, (Street and Number) 1009 Grand St.

5. Full Name of Mother, Rachel Richter

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Mendel Richter

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Lucille Bernstein

Address, 122 S. Euter St.

Remarks, 8940005566

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADEN 9-27-54
OF A BIRTH. 59901

RETURN OF A BIRTH. 39907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health
James William Smith
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

- No. *of* (Child of Mother, (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211st, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311st, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411st, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511st, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611st, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th, 695th, 696th, 697th, 698

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth of the child, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Nov 1894
4. Place of Birth, (Street and Number) 1116 Stile St
5. Full Name of Mother, Ester Ginsberg
6. Mother's Maiden Name, Trigger
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Ginsberg
9. Father's Occupation, Redder
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 42 Altmanale St
- Remarks, 1 8 9 4 0 0 0 5 5 6 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second schedules, to the office of the Commissioner of Health. In case no other person or persons are named in such third schedule and every master of a physician or practitioner of medicine, of the period above required, and he shall appear without the other immediately thereafter, it shall become and within the provisions of this section shall be deemed to have been born in the birth to the Commissioner of Health. Any person who fails to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 Nov 1894

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 5 6 9

RETURN OF A BIRTH. 59904

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Infant
Male
White
Nov. 26/94
1308 Madison St.
Windsor
O'Brien
Ireland
Jm. Windsor
Motor-man
Maryland
Jm. H. Rider
867 Harrison Ave.

18940005570

GIVEN NAME ADDED 12-17-61

RETURN OF A BIRTH. 59903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Matilda Dorothy Primers

Name: Matilda Norving 3rd
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female).....female
 2. Age.....20.5

2. Race or Color. (if not of the white race) White

3. Date of Birth, 26 of November, 1894.

4. Place of Birth, (Street and Number) 536 Union St.

5. Full Name of Mother, Mary Beimers

6. Mother's Maiden Name, Werner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Reimess

8. Full Name of Father, _____
9. Father's Occupation, Salon Keeper

10. Father's Birthplace, Oldenburg (Germ.)

Name of Medical Attendant, or other person who makes this Return, Wm. C. Weiss

Name of Medical Attention, make this Read, _____
Address, _____ 2722 Canton Ave.

Address,

Remarks, 1 8 9 4 0 0 0 5 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 59906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 Nov 1894

4. Place of Birth, (Street and Number) 637 Essex St.

5. Full Name of Mother, Ed Goldstone

6. Mother's Maiden Name, Davis

7. Mother's Birthplace, Russia

8. Full Name of Father, Ed Goldstone

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant; or other person who makes this Return, E. Schenck

Address, 42 Albemarle

Remarks, 1 8 9 4 0 0 0 5 5 7 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person who shall be present at the birth shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 Nov. 1894

4. Place of Birth, (Street and Number)

164 E. B'ing. St.

5. Full Name of Mother,

Etta Sugar

6. Mother's Maiden Name,

Kier

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Joseph Sugar

9. Father's Occupation

Book-binder

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Schermer

Address,

427 Albemarle St.

Remarks,

8940005573

and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs upon the attendance of a practitioner, he or she shall immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 59908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 28. 1894

4. Place of Birth, (Street and Number) 3 Courtland St

5. Full Name of Mother, Teresa Langwarthe

6. Mother's Maiden Name, _____

7. Mother's Birthplace, New Orleans

8. Full Name of Father, Frank Langwarthe

9. Father's Occupation machinist

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks, 8440005574

said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child is attended upon by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so shall be liable to a fine of not less than five nor more than ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth... 28 November 1894

4. Place of Birth, (Street and Number)... 923 Lister St

5. Full Name of Mother... Mary Valenta

6. Mother's Maiden Name... Mary Ruzicka

7. Mother's Birthplace... Bohemia

8. Full Name of Father... Cyril Valenta

9. Father's Occupation... Shoemaker

10. Father's Birthplace... Bohemia

Name of Medical Attendant, or other person who makes this Return... Dr. J. S. Lister

Address... 1010 Durham St

Remarks... 18940005575

RETURN OF A BIRTH. 59910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 29th 94

4. Place of Birth, (Street and Number) 655 George St.

5. Full Name of Mother, Almedia Stewart

6. Mother's Maiden Name, Almedia Williams

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Jm. E. Stewart

9. Father's Occupation, Railroad Conductor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, J. T. Mc Carthy M.D.

Address, 647 George St

Remarks,

8940005576

shall day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, to be recorded as other files and forfeitures are recoverable. In case the birth of any child shall occur without the attendance of a physician, the mother or other person who shall be present at the birth of such child shall be liable to a fine of ten dollars for each offence, to be recovered as other files and forfeitures are recoverable.

RETURN OF A BIRTH. 59913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 30th 1894

4. Place of Birth, (Street and Number) 914 Greenmount Av.

5. Full Name of Mother, Kate Wiedefeld

6. Mother's Maiden Name, St. Simon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James G. Wiedefeld

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, W. B. Perry M.D. or other person who makes this Return.

Address, 700 E. Chase St.

Remarks, 1 8 9 4 0 0 0 5 5 7 8

RETURN OF A BIRTH. 59913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 30 / 94

4. Place of Birth, (Street and Number) 1016 S. Paca St.

5. Full Name of Mother, Laurah W. Decker

6. Mother's Maiden Name, Bennett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry F. Decker

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. M. Leampkin M.D.

Address, 412 S. Paca St.

Remarks, 8940005579

For the purpose of this act, the signature of the person who signs a certificate between the first and third day of the month in which the child is born, shall be deemed to be the signature of the person who is the attending physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 59914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov- 30th 1894
4. Place of Birth, (Street and Number) 812 Enson st.
5. Full Name of Mother, Mary A. Weger
6. Mother's Maiden Name, " " Loeffler
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry M. Weger
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City
- Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.
- Address, 1219 N. Caroline st.
- Remarks, 18940005580

RETURN OF A BIRTH. 59915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 22nd 1894

4. Place of Birth, (Street and Number) - 2 feet 5th Ave near 46th St (Chance not remembered)

5. Full Name of Mother, Wirdi Hartlove

6. Mother's Maiden Name, ————— " *Schalsky*

7. Mother's Birthplace, England

8. Full Name of Father, George H. Nallare

9. *Father's Occupation*..... Farmer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Robert C. Scheidt M.D.

Address, 1428 Riverside Ave.

Remarks, 8940005581

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 17 Apr 1894

2. Race or Color, (If not white)
3. Date of Birth, 17 Nov 1894
4. Place of Birth, (Street and Number) 1338 N. Leimont Pl
L. in Brown

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Louise Brown

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Mathura

7. Mother's Birthplace,
8. Full Name of Father, George Brown

9. Father's Occupation, Writer

10. Father's Birthplace, Baltimore

10. Father's Birthplace, Illinois
Name of Medical Attendant, B. B. Browne, or other person who makes this Return, 1216 Madison Ave

Name of Medical Attendant, _____
Address, _____

Remarks, 8940005 82

Volume 13
Folio 352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A59971

1. PLACE OF BIRTH: Baltimore, Maryland (a) Name of hospital or institution; if at home give street number: Baltimore, Maryland (b) Mother's stay before delivery: In hospital or institution to Baltimore (Specify whether months or days)		2. USUAL RESIDENCE OF MOTHER: (a) State Maryland (b) County (c) City or town Baltimore (If outside city or town limits, write RURAL) (d) Street No. Baltimore, Maryland (If rural give location)	
3. Full name of child ESTELLE MATHIOT STIRLING		4. Date of birth October 1, 1894 (Month) (Day) (Year)	
5. Sex: Female	6. Twin or triplet	If so—born 1st, 2d, or 3rd	7. Number weeks of pregnancy
8. Hour of birth		M.	
FATHER OF CHILD		MOTHER OF CHILD	
9. Full Name Archibald Stirling		15. Full Maiden Name G. Estelle Mathiot	
10. Color or race W		16. Color or race W	
11. Age at time of this birth yrs.		17. Age at time of this birth yrs.	
12. Birthplace Baltimore, Maryland (City, town, or county) (State or foreign country)		18. Birthplace Baltimore, Maryland (City, town, or county) (State or foreign country)	
13. Usual occupation		19. Usual occupation Housewife	
14. Industry or business		20. Industry or business Home	
21. Other children born to mother (not including present child): (a) How many other children of this mother are now living? 5 (b) How many other children were born alive but are now dead? 0 (c) How many children were born dead? 0		22. Mother's mailing address for registration notices	
23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by Self related to this child as Self			
24. Date rec'd by local registrar March 14, 1895		(Signed) Physician (or midwife) who attended this birth M. D. A. J. McShane State (Midwife)	
25. Signed Dr. James F. McShane Registrar		or	
26. Given name added 69470005583		Date	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. ¹⁸⁹⁴ A-60001

1. PLACE OF BIRTH: Baltimore, Maryland

(a) Name of hospital or institution; if at home give street number:

Lord Street

(b) Mother's stay before delivery:

In hospital or institution _____ In Baltimore _____
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Maryland (b) County _____

(c) City or town Baltimore

(If outside city or town limits, write RURAL.)

(d) Street No. Lord Street

(If rural give location)

3. Full name of child JOSEPH ANDREW MCCLEARY

4. Date of birth October 1, 1894

(Month) (Day) (Year)

5. Sex Male

6. Twin or No
triplet

If so—born 1st,
2d, or 3rd _____

7. Number weeks of
pregnancy _____

8. Hour of birth _____

M

FATHER OF CHILD

9. Full Name George Strother McCleary

10. Color or race W 11. Age at time of this birth 43 yrs.

12. Birthplace Culpeper, Virginia
(City, town, or county) (State or foreign country)

13. Usual occupation Groom

14. Industry or business Ditch Brothers Stables

21. Other children born to mother (not including present child):

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Mary Florence Purcell

16. Color or race W 17. Age at time of this birth 29 yrs.

18. Birthplace Ireland
(City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business _____

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by _____, related to this child as Self

24. Date rec'd by local registrar October 19, 1894

(Signed)

Physician (or midwife) who attended this birth M. D.
(Midwife)

25. Signed Dr. James F. McShane

Registrar

or

Audrey M. Weston

State Registrar of Vital Records

26. Given name added 1 8 by Registrar per _____

Address _____

Date _____

Volume 11
Folio

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

1894
Registered No. A-60006

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:
808 Vine Street
(b) Mother's stay before delivery:
In hospital or institution In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL.)
(d) Street No. 858 Vine Street
(If rural give location)

3. Full name of child. STEAVIN

4. Date of birth. October 1, 1894
(Month) (Day) (Year)

5. Sex: Female 6. Twin or triplet. If so—born 1st, 2d, or 3rd. 7. Number weeks of pregnancy. 8. Hour of birth. M.

FATHER OF CHILD

9. Full Name. Rester Steavin
10. Color or race. N 11. Age at time of this birth. yrs.
12. Birthplace. Virginia
(City, town, or county) (State or foreign country)

MOTHER OF CHILD
Bruff Carson

15. Full Maiden Name. N
16. Color or race. N 17. Age at time of this birth. yrs.
18. Birthplace. Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation.
20. Industry or business.

13. Usual occupation.
14. Industry or business.
21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by related to this child as

24. Date rec'd by local registrar. October 22 1894
25. Signed. Dr. James F. McShane
Registrar
26. Given name added. 8 by Registrar per

(Signed) Louise Lane
Physician (or midwife) who attended this birth (Midwife)
Audrey M. Houston
State Registrar of Vital Records

VS 100 No Information appears on original file for information not appearing on certificate.

Vol. 14
Folio 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-60093

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:
2009 Hanover Street
(b) Mother's stay before delivery:
In hospital or institution In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
2009 Hanover Street
(d) Street No. (If rural give location)

3. Full name of child

BIRKEL

4. Date of birth October 8, 1894
(Month) (Day) (Year)

5. Sex: Female

6. Twin or triplet

If so—born 1st, 2d, or 3rd.

7. Number weeks of pregnancy

8. Hour of birth

M.

FATHER OF CHILD

9. Full Name Joseph Birkel
10. Color or race
11. Age at time of this birth yrs.
12. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER OF CHILD

15. Full Maiden Name Creszentia Hafner
16. Color or race
17. Age at time of this birth yrs.
18. Birthplace Germany
(City, town, or county) (State or foreign country)

13. Usual occupation
14. Industry or business

19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notices

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by related to this child as

24. Date rec'd by local registrar October 24 1894

25. Signed Dr. James McShane
Registrar

(Signed) Physician (or midwife) who attended this birth M. D.
or State (Midwife)
Baltimore City Health Department Registrar

26. Given name added 1 By Registrar 0 0 Address 5 5 8 6 Date

Copied From
Volume 14
Folio 4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

A 60097

Registered No.

1. PLACE OF BIRTH: Baltimore, Maryland

(a) Name of hospital or institution if at home give street number:
11 S. Hanover Street

(b) Mother's stay before delivery:

In hospital or institution In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Md.

(b) County

(c) City or town Baltimore

11 S. Hanover Street (If rural give location)

(d) Street No.

3. Full name of child

Marguerite Elizabeth Bentz

4. Date of birth October 9, 1894

5. Sex: Female

6. Twin or triplet

If so—born 1st, 2d, or 3rd.

7. Number weeks of pregnancy

8. Hour of birth (Month) (Day) (Year)

M.

FATHER OF CHILD

George Bentz

9. Full Name. White

10. Color or race

11. Age at time of this birth yrs. Baltimore Maryland

12. Birthplace (City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

21. Other children born to mother (not including present child):

(a) How many other children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0

(c) How many children were born dead?

MOTHER OF CHILD

Lizzie Follin

15. Full Maiden Name

16. Color or race white

17. Age at time of this birth yrs. Baltimore Maryland

18. Birthplace (City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

22. Mother's mailing address for registration notices

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by related to this child as

24. Date rec'd by local registrar

October 24

EX 1894

(Signed)

Cath. Hornung

Physician (or midwife) who attended birth (Midwife)

25. Signed

Registrar

or

State

Comptroller and Registrar

26. Given name add

8/8/75

Registrar

SMN

Address

VS 100

Date

Vol: 14
Pg.: 15

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-60502

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:

In hospital or institution _____ in Baltimore.
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State. Maryland (b) County _____

(c) City or town Baltimore
(If outside city or town limits, write RURAL)

(d) Street No. 516 Pressimann
(If rural give location)

4. Date of birth October 19 1894
(Month) (Day) (Year)

3. Full name of child

5. Sex: Male 6. Twin or triplet _____
If so - born 1st, 2d, or 3rd _____

7. Number weeks of pregnancy _____

8. Hour of birth _____ M.

FATHER OF CHILD

9. Full Name Elmer E. Duvall

10. Color or race _____ 11. Age at time of this birth _____ yrs.

12. Birthplace Maryland
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

15. Other children born to mother (not including present child):

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Anna E. Beck

16. Color or race _____ 17. Age at time of this birth _____ yrs.

18. Birthplace Maryland
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

22. Mother's mailing address for registration notices:

516 Pressimann

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by _____, related to this child as _____

24. Date rec'd by local registrar November 13 1894

25. Signed Dr. James F. McShane Registrar

26. Given name added _____

(Signed) G. Lane Taneyhill M. D.
Physician (or midwife) who attended this birth

or _____
Commissioner of Health and Registrar

MAR 28 1973
Date

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A60569

1. PLACE OF BIRTH: Baltimore, Maryland (a) Name of hospital or institution; if at home give street number: Barney Street (b) Mother's stay before delivery: In hospital or institution _____ In Baltimore _____ (Specify whether months or days)		2. USUAL RESIDENCE OF MOTHER: (a) State: Maryland (b) County: Baltimore (c) City or town: Baltimore (If outside city or town limits, write RURAL) (d) Street No.: Barney Street (If rural give location)	
3. Full name of child: ESTELLA MARIE MCCURDY		4. Date of birth: October 18 1894 (Month) (Day) (Year)	
5. Sex: Female	6. Twin or triplet	If so—born 1st, 2d, or 3rd	7. Number weeks of pregnancy
FATHER OF CHILD		MOTHER OF CHILD	
9. Full Name: John A. McCurdy		15. Full Maiden Name: Mary Ellen Butler	
10. Color or race: White		16. Color or race: White	
11. Age at time of this birth: _____ yrs.		17. Age at time of this birth: _____ yrs.	
12. Birthplace: Baltimore, Maryland (City, town, or county) (State or foreign country)		18. Birthplace: Baltimore, Maryland (City, town, or county) (State or foreign country)	
13. Usual occupation:		19. Usual occupation:	
14. Industry or business:		20. Industry or business:	
21. Other children born to mother (not including present child): (a) How many other children of this mother are now living? 4 (b) How many other children were born alive but are now dead? 0 (c) How many children were born dead? 0		22. Mother's mailing address for registration notice:	
23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by _____, related to this child as _____.			
24. Date rec'd by local registrar: October 19 1894		(Signed) _____ M. D. Physician (or midwife) who attended this birth (Midwife)	
25. Signed: Dr. James F. McShane Registrar		or _____ State County Registrar	
26. Given name added: 1 8 by Registrar 4 0 0 5 5 8 9		Address _____ Date _____	

Volume: 14

Page: 11

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-60346

1. PLACE OF BIRTH: Baltimore, Maryland

(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:

In hospital or institution _____ In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Maryland (b) County _____(c) City or town Baltimore
(If outside city or town limits, write RURAL)(d) Street No. 29 N. Bond
(If rural give location)

3. Full name of child _____

4. Date of birth October 28, 1894
(Month) (Day) (Year)5. Sex: Female6. Twin or
triplet _____If so—born 1st,
2d, or 3rd _____7. Number weeks of
pregnancy _____

8. Hour of birth _____

M.

FATHER OF CHILD

9. Full Name John Bergan10. Color or race White 11. Age at time of this birth _____ yrs.12. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)

13. Usual occupation _____

14. Industry or business _____

21. Other children born to mother (not including present child):

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Annie Clayton16. Color or race White 17. Age at time of this birth _____ yrs.18. Birthplace Baltimore, Md.
(City, town, or county) (State or foreign country)

19. Usual occupation _____

20. Industry or business _____

22. Mother's mailing address for registration notice:

29 N Bond23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above
was furnished by _____ related to this child as _____24. Date rec'd by local registrar November 5, 189425. Signed Dr. James F. McShane

Registrar

(Signed) J. C. Ohlendorf

M.D.

(or midwife) who attended this birth

or Edw. E. Faden, M.D.
Commissioner of Health and Registrar

26. Given name added _____

1 8 9 4 per U O 10 5 5 9 0

June 23, 1971

Date

VS 100 No information appears on the original filing for information not appear
on this certificate.

60 377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mean conferred by law, color, race, the full name and occupation of its parent, the date and place of birth, and the mean executed shall be returned to the practitioner in the form of a certificate between the first and third day of each and every month to the practitioner of such office. In case the birth of any child shall occur within any month to the practitioner of such office, the practitioner shall be required to attend upon the mother, immediately thereafter, in the manner and within the period above required, and to report to birth to the Commissioner of Health, if such person or persons shall thereafter fail to comply with the provisions of this section shall be subject to a fine of not less than one hundred dollars nor more than five hundred dollars, and the fine shall be subject to the age of one (1) dollar for each offence, to be recovered on other fines and forfeitures are recoverable

Healer

Sept.

Sept 30/94

300 Parist St

Lucy Fortune

Henry Williams

12/24/20

Richard Fortune

Leaves

And

Jane Woodland

Address,

Remarks,

894000559

Vol: 5
Page: 322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

1882
Registered No. A60461

1. PLACE OF BIRTH: Baltimore, Maryland

(a) Name of hospital or institution; if at home give street number:

N. Ann St. near Chase St.

(b) Mother's stay before delivery:

In hospital or institution In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL)

(d) Street No. N. Ann St. nr Chase St.

(If rural give location)

3. Full name of child

Gardner

4. Date of birth Dec. 23, 1882

(Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet

If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth

M.

FATHER OF CHILD

9. Full Name Charles W. Gardner

10. Color or race W

11. Age at time of this birth yrs.

12. Birthplace

Maryland
(City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

21. Other children born to mother (not including present child):

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Addie Richardson

16. Color or race W

17. Age at time of this birth yrs.

18. Birthplace

Virginia
(City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by..... related to this child as.....

24. Date rec'd by local registrar Dec. 23, 1882

25. Signed Dr. George W. Benson

Registrar

(Signed) J. W. White M. D.
Physician (or midwife) who attended this birth (Midwife)

or

STATE REGISTRAR OF VITAL RECORDS

26. Given name added

City Registrar

Address

Date

VS 100 No information appears on the original appearing on this certificate. 12 information not

Vol: 14
Folio: 16

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-60537

1. PLACE OF BIRTH: Baltimore, Maryland (a) Name of hospital or institution; if at home give street number: Baltimore, Maryland (b) Mother's stay before delivery: In hospital or institution In Baltimore (Specify whether months or days)		2. USUAL RESIDENCE OF MOTHER: (a) State Md. (b) County (c) City or town Baltimore (If outside city or town limits, write RURAL) (d) Street No. (If rural give location)	
3. Full name of child. Dora Noodlemann		4. Date of birth Oct. 14 1894 (Month) (Day) (Year)	
5. Sex: F	6. Twin or triplet	7. Number weeks of pregnancy	8. Hour of birth M.
FATHER OF CHILD		MOTHER OF CHILD	
9. Full Name Ike Noodlemann		15. Full Maiden Name Minia Levy	
10. Color or race -		16. Color or race -	
11. Age at time of this birth - yrs.		17. Age at time of this birth - yrs.	
12. Birthplace Europe (City, town, or county) (State or foreign country)		18. Birthplace Europe (City, town, or county) (State or foreign country)	
13. Usual occupation -		19. Usual occupation -	
14. Industry or business -		20. Industry or business -	
21. Other children born to mother (not including present child): (a) How many other children of this mother are now living? 2 (b) How many other children were born alive but are now dead? 0 (c) How many children were born dead?		22. Mother's mailing address for registration notice:	
23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by related to this child as			
24. Date rec'd by local registrar November 14 1894		(Signed) C. Bernstein M. D. Physician (or midwife) who attended this birth	
25. Signed Dr. James F. McShane Registrar		or J. F. McShane M.D. Commissioner of Health and Registrar	
26. Given name added 1 By Registrar per U G		Address 5 9 3 JUL 21 1968 Date	

VS 100

No information appears on the original filing for information not appearing on this certificate.

RETURN OF A BIRTH. 60709 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th?

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) ch

3. Date of Birth, Oct 26 " 1894

4. Place of Birth. (Street and Number) 405 N Green St

5. Full Name of Mother, Annie Wetzel Dennis

6. Mother's Maiden Name, Annie Wetzel

7. Mother's Birthplace, Middleburg Penna.

8. Full Name of Father, Chas E. Dennis

9. Father's Occupation, Physician

10. Father's Birthplace, English Creek New Jersey

Name of Medical Attendant, or other person who makes this Return, Chas E Dennis MD

Address, 405 N Green St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day or eighth day of its birth, and the name of the practitioner in whose office or place of business the child was born, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so named to report its birth to the Commissioner of Health, and if any person so named shall fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

GIVEN DATE ADDED 11-4-63

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A 60718

1. PLACE OF BIRTH: Baltimore, Maryland

(a) Name of hospital or institution; if at home give street number:
108 Barre

(b) Mother's stay before delivery:

In hospital or institution In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL)

(d) Street No. (If rural give location)

3. Full name of child Viola May Jones

4. Date of birth Oct. 31, 1894
(Month) (Day) (Year)

5. Sex Female

6. Twin or triplet

If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth

M.

FATHER OF CHILD

9. Full Name William M. Jones

10. Color or race 11. Age at time of this birth yrs.

12. Birthplace Md.
(City, town, or county) (State or foreign country)

13. Usual occupation

14. Industry or business

15. Other children born to mother (not including present child):
2nd child

(a) How many other children of this mother are now living?

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Annie B. Freeman

16. Color or race 17. Age at time of this birth yrs.

18. Birthplace Md.
(City, town, or county) (State or foreign country)

19. Usual occupation

20. Industry or business

22. Mother's mailing address for registration notice:

I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above is furnished by related to this child as

14. Date rec'd by local registrar November 17, 1894

15. Signed Dr. James F. McShane
Registrar(Signed) Mrs. Benze M. D.
Physician (or midwife) who attended this birth (Midwife)

or Commissioner of Health and Registrar

16. Given name added by Registrar per 87405595 Date

VS 100

No information was given on the original copy which is not listed on this certificate.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur on the day of the celebration of the birth of the nation, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

Age 72 9/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 22/94

4. Place of Birth, (Street and Number)

Kennerly Bulb Co

5. Full Name of Mother,

Mary A Delaney

6. Mother's Maiden Name,

" " Mary

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Delaney

9. Father's Occupation,

Retired

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Edward J. Delaney

Address,

108 King St

Remarks,

8940005597

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report to the office of the Commissioner of Health, and if they fail to do so, they shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. A60733 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Oct 25/94

4. Place of Birth, (Street and Number) 1311 N Broadway

5. Full Name of Mother, Sammi Muggen

6. Mother's Maiden Name, Stark

7. Mother's Birthplace, Balto

8. Full Name of Father, Isaac Muggen

9. Father's Occupation, Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Edw W. M. M. M.

Address, 128 August St.

Remarks, _____

8940005598

been conferred, his sex, color, the full name and occupation of his parents, the date and place of his birth, and the date of his birth, and every month to the office of the Commissioner of Health, in the form of a certificate, before the birth of any child shall occur, upon the mother, immediately thereafter, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 3rd. 1894

4. Place of Birth, (Street and Number) 1314 E. Monument St.

5. Full Name of Mother, Emma M. Ebsworth.

6. Mother's Maiden Name, Emma Mandago.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Thomas Ebsworth.

9. Father's Occupation, Leather Maker.

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Smith, M.D.

Address, S. W. Cor. Calvert & Front St.

Remarks, 8940005599

60754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7

Male

White

7-1894

805-kan-h

James Herber

9. Penland

Revised

W. W. Gerber

10/2/19

Curry

C. L. Johnson

72 Alternat 4

8 9 4 0 0 0 5 6 0 0

RETURN OF A BIRTH. 60753-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).— *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, 7 Nov 1894

4. Place of Birth, (Street and Number) 210 N. High St.
P. P.

5. Full Name of Mother, Jessie Ritter

6. Mother's Maiden Name, ... *Levy*

7. Mother's Birthplace, Russia

8. Full Name of Father, George Ashler
Triller

9. Father's Occupation..... Farmer

10. Father's Birthplace, _____
_____ or other person who

Name of Medical Attendant, or other person who makes this Return, 6. Scherman

Name of Member Association makes this return.

Address, 720 Albany Ave. N.

Address. _____

Remarks. _____

8 9 4 0 0 0 5 6 0 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. *bu 756*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 1

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 6 0 2

[illegible]

any child born in this city, the date and place of birth, and the name and occupation of its parents, the date and place of birth of its mother, and the date and place of birth of its father, shall be reported to the Registrar of Vital Statistics, Baltimore City, by the physician or practitioner of midwifery, or shall become the duty of the person or persons in whose household the child is born, to report to birth to the Registrar of Vital Statistics, Baltimore City, with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 Nov 1894

4. Place of Birth, (Street and Number) 1406 E. Lombard St

5. Full Name of Mother, Ida Schlossberg

6. Mother's Maiden Name, Shachmitch

7. Mother's Birthplace, Russia

8. Full Name of Father, Dr. Jacob Schlossberg

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 72 Allenale St

Remarks, _____

8940005603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Bascom Geazy
of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th. Chud.

1. Sex, (state whether male or female)...

By

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

November 8th 1894

4. *Place of Birth, (Street and Number)*

448 Grand ave

5. *Full Name of Mother,*

Late m. (7-94) Yeagy

6. *Mother's Maiden Name,*

Kate M. (Bartholomew) Casehole

7. *Mother's Birthplace,*

Hammer, Pa

8. *Full Name of Father,*

George C. (Gigg) Glegg

9. *Father's Occupation.*

H. C. R. R. Engineer

10. *Father's Birthplace.*

Y. Elthakong Pa

Name of Medical Attendant

or other person who
2. makes this Return,

Wilmer Boniton, M.D.

Address,

S. W. Cor. Calver & Preston Sts.

Remarks,

8 9 4 0 0 0 5 6 0 4

[illegible]

and the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the certificate, and shall be retained by the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 Jan 1894
4. Place of Birth, (Street and Number) 720 Pennsylvania Ave
5. Full Name of Mother, Annie Raffer
6. Mother's Maiden Name, Long
7. Mother's Birthplace, New York
8. Full Name of Father, Abram Raffer
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 42 Abbeville St.
- Remarks,

8940005605

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to any other person who shall occur without the attendance of a physician or practitioner of midwifery, or to any other person who shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the child to cause the same to be registered in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *60760*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name *Julius Offit*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 Nov - 1894*
4. Place of Birth, (Street and Number) *108 Eden St*
5. Full Name of Mother, *Sarah (Offit) Offit*
6. Mother's Maiden Name, *Reichman*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Bernie (Offit) Offit*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Poland Russia*
Name of Medical Attendant, or other person who makes this Return, *E. Scherman*
Address, *22 Williams St*
Remarks, _____

and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of a month, the practitioner shall deliver the certificate to the office of the Commissioner of Health on the first day of that month. In case the birth of any child occurs on the last day of a month, the practitioner shall deliver the certificate to the office of the Commissioner of Health on the first day of the following month. In case the birth of any child occurs on the first day of a month, the practitioner shall deliver the certificate to the office of the Commissioner of Health on the first day of that month. In case the birth of any child occurs on the last day of a month, the practitioner shall deliver the certificate to the office of the Commissioner of Health on the first day of the following month. In case the birth of any child occurs on the first day of a month, the practitioner shall deliver the certificate to the office of the Commissioner of Health on the first day of that month. In case the birth of any child occurs on the last day of a month, the practitioner shall deliver the certificate to the office of the Commissioner of Health on the first day of the following month.

RETURN OF A BIRTH. 60761
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1. 94
4. Place of Birth, (Street and Number) 1730 Bolton St.
5. Full Name of Mother, Elizabeth Full Ryan Gould.
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, City
8. Full Name of Father, James Gould
9. Father's Occupation, Wholesale Boot and Shoe
10. Father's Birthplace, City
Name of Medical Attendant, or other person who makes this Return, Wm. A. B. Sellman, M.D.
Address, 5. E. Biddle St.
Remarks, 18940005607

Each child shall be registered as sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of registration. The certificate shall be delivered to the parent or guardian of the child, and the parent or guardian shall sign it. The certificate shall be delivered to the parent or guardian of the child, and the parent or guardian shall sign it. The certificate shall be delivered to the parent or guardian of the child, and the parent or guardian shall sign it.

RETURN OF A BIRTH. 60762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Mar 1

4. Place of Birth, (Street and Number) 131 D. Schroeder St.

5. Full Name of Mother, Maggie Lyden

6. Mother's Maiden Name, Keane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Timothy Lyden

9. Father's Occupation, Plasterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. M. H. Morgan

Address, 1112 Bell St

Remarks, 1 8 9 4 0 0 0 5 6 0 8

RETURN OF A BIRTH. 60 763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1 1894
4. Place of Birth, (Street and Number) 135 Hamburg St
5. Full Name of Mother, Margaret M. Metcalfe
6. Mother's Maiden Name, 11 ...
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank C. Metcalfe
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this return, Mrs. E. P. Brandy
- Address, 1828 Eagle St
- Remarks, 8940005609

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second anniversary of the birth of the child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the parent or other person in attendance upon the mother, immediately thereafter, shall report the birth of such child to the Commissioner of Health, in the manner and within the period above provided, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 1st 1894

4. Place of Birth, (Street and Number) 1842 Light St

5. Full Name of Mother, Rosie A. Gentry

6. Mother's Maiden Name, Strickland

7. Mother's Birthplace, Balto

8. Full Name of Father, Lawrence A. Gentry

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. L. F. Brooks

Address, 1842 Light St

Remarks, 160000005610

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the place of birth, and the
in the city or town, and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur within the jurisdiction of the practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter, in the manner and within the period for parents of such
child to report its birth to the Commissioner of Health. The person or persons who shall hereunder fail to comply with the provisions of this section shall be sub-
ject to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

66 765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 -

1. Sex, (state whether male or female) M -

2. Race or Color, (if not of the white race) W -

3. Date of Birth, Nov 1-94 -

4. Place of Birth, (Street and Number) Edman Ave Corner -

5. Full Name of Mother, Mary Richmond

6. Mother's Maiden Name, Donn -

7. Mother's Birthplace, Missouri -

8. Full Name of Father, Walter Richmond -

9. Father's Occupation, Gardner

10. Father's Birthplace, Bald Co

Name of Medical Attendant, or other person who makes this Return, Samy Miller M.D.

Address, 1207 E. Monument St

Remarks, 1 8 9 4 0 0 0 5 6 1 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother of such child shall be bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 1 - 94

4. Place of Birth, (Street and Number)

26 W. Madeline St.

5. Full Name of Mother,

Barbara Dorbert

6. Mother's Maiden Name,

" Seifert

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Dorbert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

C. L. Borden

Address,

418 S. Race St.

Remarks,

8940005612

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

60767

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 309

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 1 - 94

4. Place of Birth, (Street and Number) 1606 W. Reginald

5. Full Name of Mother, Lizzie Schmidt

6. Mother's Maiden Name, Boelter

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Schmidt

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. L. Braddock

Address, 418 S. Dace St.

Remarks, 8940005613

RETURN OF A BIRTH.

60768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child, during each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month, immediately thereafter, the person or persons, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed and provided for by the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 1/94

4. Place of Birth, (Street and Number)

1731 Canton ave

5. Full Name of Mother,

Emma V. Mauler

6. Mother's Maiden Name,

Emma V. Spence

7. Mother's Birthplace,

Bald. Md.

8. Full Name of Father,

Conrad Mauler, Jr.

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Bald. Md.

Name of Medical Attendant, or other person who makes this Return,

J. S. Whim, Jr., M.D.

Address,

#700 South Broadway

Remarks,

Born 8940005614

When collected in accordance with the provisions of the Act, the name and occupation of the person who has caused the birth of the child to be reported, and the name and occupation of the person who has caused the birth of the child to be reported, shall be delivered, duly signed by the practitioner or person in charge of the establishment, to the Registrar of Vital Statistics, Baltimore City, within the time specified in the Act. In case the birth of any child is reported, the practitioner or person in charge of the establishment, or should no other person be in attendance, the mother, shall be immediately thereafter, it shall become the duty of the person in charge of the establishment, to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, within the time specified in the Act. Any person who fails to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *66769*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 1. 1894*

4. Place of Birth, (Street and Number) *1209 W. Lexington St.*

5. Full Name of Mother, *Ellen Gertrude Hofstetter*

6. Mother's Maiden Name, *Albert*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Louis E. Hofstetter*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *W. P. Driver M.D.*

Address, *1106 McCallum Street*

Remarks, *18940005615*

RETURN OF A BIRTH.

60791

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Female - Mildred S. Rider
White

Nov. 1/94

167 Harlem Ave.

Kate R. Rider

Batesman

"Balt."

Wm B. Rider

Physician

Balt. Co.

Wm B. Rider

167 Harlem Ave.

Full given name of child added by father upon applying for a
transcript. Wm B. Rider, Father
8 7 4 0 0 0 5 6 1 7
C. C. Helm, Clerk
Aug 18-1908

RETURN OF A BIRTH.

100772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Albert Meyer 3rd
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female), Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, November 1st 1904
 4. Place of Birth, (Street and Number) 1716 Ashland Ave.
 5. Full Name of Mother, Emilie Meyer
 6. Mother's Maiden Name, Emilie Beckel
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Thos. Max Meyer
 9. Father's Occupation, Plumber
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.
 Address, 1019 N. Caroline str.
 Remarks, 18940005618

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the month, the mother shall immediately thereafter, if she be a resident of the City of Baltimore, report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 1st 1894*

4. Place of Birth, (Street and Number) *1111 - 3 Gary - st*

5. Full Name of Mother, *Matilda Strobe*

6. Mother's Maiden Name, *Niedermyer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Conrad Strobe*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, (if other person who makes this Return, *W B Hawthorn*

Address, *1044 Pennsylvania av*

Remarks, *8940005619*

ten cent fee for each copy. The full name and occupation of the parents, the date and place of birth, and the sex of the child, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter the birth of the child, the person or persons of such sex and color as may be ascertained, shall be required to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

60774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 1. 1894
4. Place of Birth, (Street and Number) 1651 Hanover st. Balt.
5. Full Name of Mother, Louise Rümenap
6. Mother's Maiden Name, Louise Rose
7. Mother's Birthplace, Rever Hermsdorf Germany
8. Full Name of Father, Wm Rümenap
9. Father's Occupation, Resturant
10. Father's Birthplace, Pompey Lieben Germany
- Name of Medical Attendant, or other person who makes this Return, Johanna M. Goeller
- Address, 1703 Hanover str Baltimore City
- Remarks, 18940005620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 2 November
 4. Place of Birth, (Street and Number) Bethel st 1618
 5. Full Name of Mother, Sena Noller
 6. Mother's Maiden Name, Sena Sabin
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Andrew Noller
 9. Father's Occupation Driver
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this return, Mrs. Schuman
 Address, 1055 N Gay st
8940005621
 Remarks,

RETURN OF A BIRTH.

60776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Liberty road second garden

4. Place of Birth, (Street and Number) Baltimore Md.

5. Full Name of Mother, Mary J. Hurley

6. Mother's Maiden Name, Isabel J. Pandy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hurley

9. Father's Occupation Corn merchant

10. Father's Birthplace Maryland

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1531 Whitcomb St.

Remarks, 8940005622

60777

ore City.

6th

female

White (rich)

45 11. 2. 1894

520 W. German St.

Margt. S. Uchinski

"Craven

Balto. Md.

Antony. W. Chmielewski

Pailor

Francia

or other person who makes this Return.

Wm. M. Castman
772 St. Lexington

772 St. Keriing to 20

8 9 4 0 0 0 5 6 2 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov 2nd 1891
 4. Place of Birth, (Street and Number) 9 1/2 Front St
 5. Full Name of Mother, Mary Cohen
 6. Mother's Maiden Name, Mary Botnik
 7. Mother's Birthplace, Piotrogg Russia
 8. Full Name of Father, Moshe Cohen
 9. Father's Occupation, Butcher
 10. Father's Birthplace, Salent Russia
 Name of Medical Attendant (or other person who makes this Report) Dr. Joseph S. Klawans
 Address, 1122 E. Lombard
 Remarks, 18940005624

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-7-

1. Sex, (state whether male or female) Male & Female

2. Race or Color, (if not of the white race) *white*

3 Date of Birth, Nov. 3rd 1894

4. Place of Birth, (Street and Number) 406 Asylum St

5. Full Name of Mother, Mary A. Hooper

6. Mother's Maiden Name, Murphy

7. Mother's Birthplace, Waltham

8. Full Name of Father, Frederic C. Hooper

9. *Father's Occupation,* Mechanic

10. *Father's Birthplace,* Boston

Name of Medical Attendant, or other person who makes this Return. *J. G. Galt, M.D.*

Address, _____

Remarks, 8940005625

shall confer, in sex, color, the full name and occupation of its parents, the date and place of birth; and shall certify the same, and shall be so signed by the practitioner in the form of a certificate between the first and third lines of each and every page of the record. In case the birth of any child shall occur without attendance of a physician or Commissioner of Health, it shall be the duty of the parent or the mother, immediately thereafter, to fill in the certificate, and to have it signed by the father or the mother, and to present it to the Commissioner of Health, in the manner and within the period therein prescribed. In case the birth of any child to the Commissioner of Health, in the manner and within the period therein prescribed, by any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be covered by other fines and forfeitures recoverable.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

6781

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov 3rd*
4. Place of Birth (Street and Number) *1305 W. Fulton Ave*
5. Full Name of Mother *Rose G Thomas*
6. Mother's Maiden Name *Rose G Fullenkamp*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *W. A. Thomas*
9. Father's Occupation *Foreman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs C Fullenkamp*
- Address *1526 Baker St*
- Remarks

18940005626

month, and shall set forth as far as the same can be ascertained, the full name and occupation of the mother, the date and place of birth; and the said schedule shall be delivered, on or before the third day of the month following the birth, to the office of the Commissioner of Health, in case the birth of any child is reported without the attendance of a physician or practitioner of medicine, and in case the birth of any child is reported with the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *60-782*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 3rd 1904*

4. Place of Birth, (Street and Number) *709 Appleton St*

5. Full Name of Mother, *Cora E. Murray*

6. Mother's Maiden Name, *Cora E. Cole*

7. Mother's Birthplace, *Alexandria, Pa*

8. Full Name of Father, *William J. Murray*

9. Father's Occupation, *Agent*

10. Father's Birthplace, *Baltimore, Md*

Name of Medical Attendant, or other person who makes this Return, *P. S. Field, M.D.*

Address, *642 N. Fulton Ave.*

Remarks, *1-8940005627*

been conferred) its sex, color, the full name and occupation of its parents, a true name of each child, (if any shall be
third) scheduled shall be delivered, duly signed by the practitioner in the form of a certificate, when the first and
shall occur within the month of the birth of the child, or the birth of the child, or the birth of the child, or the birth of the child,
attendance upon the birth of the child, or the birth of the child, or the birth of the child, or the birth of the child,
child to report its birth to the Commissioner of Health, in the manner and within the time provided by law, and
person or persons who shall hereafter fail to comply with the provisions of this section, or who shall be sub-
jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Nellie Vane Young
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 3rd 1894
4. Place of Birth, (Street and Number) 213 W. Bane St
5. Full Name of Mother, Nellie V. Young
6. Mother's Maiden Name, Nellie V. Collins
7. Mother's Birthplace, Bethesda Co Maryland
8. Full Name of Father, Samuel J. Young
9. Father's Occupation, Printer
10. Father's Birthplace, Balto City
Name of Medical Attendant, or other person who makes this Return, E. Wichester M.D.
Address, 407 Sharp St
Remarks,

18940005628

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) in sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, or to the office of the Registrar of Births, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person failing to do so shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

60784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 3rd 1894

4. Place of Birth, (Street and Number)

806 Franklin Road (Calverton)

5. Full Name of Mother,

Mary Jane Jones

6. Mother's Maiden Name,

Crocker

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Thomas Jones

9. Father's Occupation,

Produce Dealer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other person who makes this Return.

Paul J. Gordon

Address,

Remarks,

1839 4th Ave 0156 29

been conferred) its sex, color, the full name and occupation of its mother, the full name of each child, if any shall be born, the date and place of birth: and the name of the practitioner in the form of a certificate of birth, shall be delivered to the office of the Registrar of Vital Statistics, Board of Health, in the form of a certificate of birth, or should no other person be present, the person or persons of such child, in the manner and within the time provided by the provisions of this section, and the person or persons who shall hereafter, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female), girl
 2. Race or Color, (if not of the white race), Colored
 3. Date of Birth, March 3
 4. Place of Birth, (Street and Number), 847 Ham Lane Ave
 5. Full Name of Mother, Lillie Hansen Barthelme
 6. Mother's Maiden Name, Lillie Hansen Barthelme
 7. Mother's Birthplace, Amsterdam Co. N.Y.
 8. Full Name of Father, Elias Barthelme
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Amsterdam Co. N.Y.
- Name of Medical Attendant, or other person who makes this Return, Dr. Wm. J. C. Dulany
- Address, 827 Ham Lane Ave
- Remarks, 18740005630

60786

Baltimore City.

2

Female

Colonel

Narranger the

Hamburg at 329

ru ley ran

under J. H. Biss

H. Gilbert Grant

William Elkins

Labours

North Carolinians

or other person who makes this Return, Sarah Jane Wilson

at, Lure, at

July 8 1854

[illegible]

RETURN OF A BIRTH. 60787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 5

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 3^d 1894

4. Place of Birth, (Street and Number) Bunker Ave. 825

5. Full Name of Mother, *Rosa Tomashevskaya*

6. Mother's Maiden Name, Leavitt
7. Mother's Birthplace, Del.

7. Mother's Birthplace,..... Poland

8. Full Name of Father, John Pomashewski

9. Father's Occupation *✓* *Labourer*

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Henry H. Katz, Esq.
Address 212 West 11th St. New York City

Address, *602 S. Bond St.*

Remarks, 18940005632

Wm. J. C. Dufany Co., City Printers and Stationers.

board, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, its date and place of birth, and the day of such birth, and the name of the practitioner in the form of a certificate between the first and the third day of such birth, and the name of the practitioner of midwifery, or should no other person be named, the name of the person or persons of such child to, and the name of the person or persons who shall comply with the provisions of this act above required, and be subject to the due of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 3rd 1894
4. Place of Birth, (Street and Number) 2417 E. Monument St
5. Full Name of Mother, Blanche Eckman
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Greenery
8. Full Name of Father, Martha Eckman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Greenery
- Name of Medical Attendant, or other person who makes this Return, Mary Hopkins
- Address, 205 N Washington St
- Remarks, + 8 9 4 0 0 0 5 6 3 3

60989

the child, and the child's full name as the name can be ascertained the full name of each child, if any shall have been conferred his sex, color, the full name, the full name of the mother, the date of birth, and the date of the child's death, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, on or before the third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of such child, the duty of the person or persons so required to be in attendance upon the birth of such child to the Commissioner of Health, in the manner and form required, and to pay such person or persons who shall hereafter fail to comply with the provisions of this section, are recoverable by the State to the full extent of the fine and costs, to be recovered as other fines and forfeitures are recoverable.

10

Bar

10. *Chrysomelidae*

Nov. 27th 1892

11-1 Goshu St

Am in Himmel

Heather

John Hermele

John H. Taylor

Taylor

Beaman

Meconis Kephitis

205 Washington St

8 9 4 0 0 0 5 6 3 4

60790

[illegible]

4

girl

4

Remember

1028

Halbrook H.

Leslie

Eggle

[Signature]

Peter

Boyle

Copy

1

Chilmore

or other person who
makes this Return.

Anna Walker

928

N. Cant. As.

rkS

.1 8 9 4 0 0 0 5 6 3 5

RETURN OF A BIRTH *791*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence May ——— Springham
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
Sex (state whether male or female) Female

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11/4/98*
4. Place of Birth, (Street and Number) *122 E. Randall St*
5. Full Name of Mother, *Lila V. Springham*
6. Mother's Maiden Name, *" Saffield*
7. Mother's Birthplace, *Calif*
8. Full Name of Father, *Wm Springham*
9. Father's Occupation, *Electrician*
10. Father's Birthplace, *England*
Name of Medical Attendant, *E. Orsey Ellis M.D.*
Address, *915 Light St.*
Remarks, *8940005636*

any person who shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the name of its mother, and the name of its father, and the day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to sign and file with the Commissioner of Health, a statement of the birth of such child, and if any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female) ^{Female}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{Nov. 4. 1894.}

4. Place of Birth, (Street and Number) ^{115 N. Paca St.}

5. Full Name of Mother, ^{Josephine Kate McKimman}

6. Mother's Maiden Name, ^{" " Douglas}

7. Mother's Birthplace, ^{City}

8. Full Name of Father, ^{John McKimman}

9. Father's Occupation, ^{Shoe Dealer}

10. Father's Birthplace, ^{Germany}

Name of Medical Attendant, or other person who makes this Return, ^{Mrs. A. B. Sullivan M.D.}

Address, ^{5. E. Biddle St.}

Remarks, ¹⁸⁹⁴⁰⁰⁰⁵⁶³⁷

RETURN OF A BIRTH. 60793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 of Nov

4. Place of Birth, (Street and Number) 2608 Hudson St.

5. Full Name of Mother, Anna Parsky (Katsunasky)

6. Mother's Maiden Name, =

7. Mother's Birthplace, Polen Pershian

8. Full Name of Father, John Parsky

9. Father's Occupation, Builder

10. Father's Birthplace, Polen Pershian

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2122 Canton Avenue

Remarks, 18940005638

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60794

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth on 21st of November
4. Place of Birth, (Street and Number) Lafayette St. No 10th
5. Full Name of Mother Anna E. Lee Man
6. Mother's Maiden Name Anna E. Mansford
7. Mother's Birthplace Frederick City Md
8. Full Name of Father William E. Livingston
9. Father's Occupation Physician
10. Father's Birthplace Annapolis Md
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks

18940005639

66 795-

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex color, the full name and occupation of its mother, the date of its birth, the date when it was first vaccinated, and the date when it was last vaccinated, and shall cause the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon it, the birth of the child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

6th

Malik

White

Nov 4/1894

1894
909 *Fraser* *St*

Syva Dobry

Saya Mocht

Pokero Rings

Wm. D. Shaw

Taylor Trimming Bureau

Parker River

Yvette Shoyensky

Medical Attendance, makes his Return.

18940005640

shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

60796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.C.

3. Date of Birth, 4th November 1894

4. Place of Birth, (Street and Number) Gochmans Elm St. 1623

5. Full Name of Mother, Mari Fleischer

6. Mother's Maiden Name, Maria

7. Mother's Birthplace, Germania

8. Full Name of Father, Lise Fleischer

9. Father's Occupation Walt Mann

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, _____

Address, Charles Selway East Eby. St. 494

Remarks, _____

1 8 9 4 0 0 0 5 6 4 1

been conferred in sex, color, the full name and occupation of the parents, the date and place of birth; and the full name and occupation of the physician or practitioner of midwifery, or should no other person be present, the name of the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons failing to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-21-56 60797
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frieda Hermine Liebegott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 November 1894

4. Place of Birth, (Street and Number) 1248 Hull St.

5. Full Name of Mother, Emma Liebegott

6. Mother's Maiden Name, " Wiegandt.

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. Liebegott

9. Father's Occupation, Groceries

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Edw. Meyer

Address, 1331 East Lucas St.

Remarks,

1 8 9 4 0 0 0 5 6 4 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of the mother, and the full name and occupation of the father, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon such birth, the mother, or the father, or the person who attended the birth, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 4, 1894

4. Place of Birth, (Street and Number) 117 E. Elizabeth Lane

5. Full Name of Mother, Marie J. Jara

6. Mother's Maiden Name, Marie Jara

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm. J. Jara

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. R. G. Jara

Address, 213 E. North St.

Remarks, 1894 U 005643 Long Hill

RETURN OF A BIRTH. 60799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 4 1894

4. Place of Birth, (Street and Number) Baltimore, Calhoun St 162

5. Full Name of Mother, Mary E. Brown

6. Mother's Maiden Name, Mary E. Brown

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas J. Brown

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Margaret E. Brown

Address, 1617 Calhoun St

Remarks, Balt.

18940005644

6000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2000

Male

white

Nov. 5 194

1813. White St-

Catherine Frances Kennan.

Russell

Howard & Sons.

John Eugene Kemnar

Carbureti

Kim-C. Ind.

Ed Keene

1520 Smith Hill Ave

1 8 9 4 0 0 0 5 6 4 5

[illegible]

RETURN OF A BIRTH. 60801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5 - 1894
4. Place of Birth, (Street and Number) 1730 W Lonsdale St
5. Full Name of Mother, Eulruide Owens Kessy
6. Mother's Maiden Name, Eulruide Owens Stewart
7. Mother's Birthplace, Howard County Md
8. Full Name of Father, George Edward Kessy
9. Father's Occupation, Miner
10. Father's Birthplace, Indiana County Pa

Name of Medical Attendant, or other person who makes this Return, Dr. W. C. Smith

Address, 1703 W Lonsdale St

Remarks, 1894-0005646

CERTIFICATE CORRECTED 2-26-57
RETURN OF A BIRTH. 60804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Nowicki

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 60805-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child
Boy

1. Sex, (state whether male or female)

White

Race

2. Race or Color, (if not of the white race)

Born Nov 5th 1894

3. Date of Birth,

2125 Vine St

4. Place of Birth, (Street and Number)

Mrs. Carrie Huetter

5. Full Name of Mother,

Miss " Foster

6. Mother's Maiden Name,

Sachsen Germany

7. Mother's Birthplace,

George Huetter

8. Full Name of Father,

Baker

9. Father's Occupation,

Sachsen Germany

10. Father's Birthplace,

Mrs. Miller

Name of Medical Attendant,

or other person who makes this Return.

2127 W. Pratt St

Address,

Remarks,

18940005649

60806

best interests of the child, the same can be ascertained, the full name of each child, if any shall have been conferred in sex, color, the date and place of birth, and the date and place of death, if any, of each child, in the form of a schedule shall be delivered daily signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of such child, the person or persons attending the child to report his birth to the Commissioner of Health. In the measure of the provisions of this act without the provisions of this act, shall be any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable, subject to the fine of ten (\$10) dollars for each offence, to be recovered on other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of the mother or her care during the birth, and the date and place of birth, and the name of the physician or practitioner of midwifery, or the name of the person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, to sign the certificate, and to file the same in the office of the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 5th of November 1894*

4. Place of Birth, (Street and Number) *No 60 18 Preston St*

5. Full Name of Mother, *Mary E. Mahan*

6. Mother's Maiden Name, *Mary E. Dillman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William P. Marchant*

9. Father's Occupation, *Wheat Packer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Ch. Lauer*

Address, *No. 1054 Harford Ave*

Remarks, *B.B.A. 4000.5651*
1894.

RETURN OF A BIRTH. *60808*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 6th*

4. Place of Birth, (Street and Number) *309 20th St. Balt. City*

5. Full Name of Mother, *Dublin, Highland*

6. Mother's Maiden Name, *Hells*

7. Mother's Birthplace, *Balt. City, Md.*

8. Full Name of Father, *John, Highland*

9. Father's Occupation, *Shiner*

10. Father's Birthplace, *Balt. City, Md.*

Name of Medical Attendant, *Margaret P. Dunkel*
or other person who makes this Return.

Address, *4905 Huntingdon Ave*

Remarks, *18940005652*

RETURN OF A BIRTH. (60 870)
GIVEN NAME ADDED. 7/8/60
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Florence Jordan Fifth Child.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 414 S. Stricker

Address, 414 S. Tucker St. S. W. Atlanta, Ga.
Remarks, Mother and Child are doing well
8940005654

Address, 414 S. Tucker St. S. W. Atlanta, Ga.
Remarks, Mother and Child are doing well
8940005654

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH *10811*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male,
 2. Race or Color, (if not of the white race) W.
 3. Date of Birth, Nov. 6. 1894.
 4. Place of Birth, (Street and Number) 335 N. Strickland St.,
Lizzie Gillupie,
 5. Full Name of Mother, Kautz,
Balto.
 6. Mother's Maiden Name, N. Edw. Gillupie,
Calver
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, J. J. Englewood
1007 W. Sunvale
 9. Father's Occupation, Calver
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, J. J. Englewood
 Address, 1007 W. Sunvale
 Remarks, 18940005655

[illegible]

RETURN OF A BIRTH. 608/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov. 6th 1894
 4. Place of Birth, (Street and Number) 619 W. Lee St
 5. Full Name of Mother, Catherine Schott
 6. Mother's Maiden Name, " Snyder
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Joseph H. Schott
 9. Father's Occupation "
 10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

parents and child and forth, as far as the value can be ascertained, have occurred under his or her name during the year in which the same was conferred is so completed. The name of the child, the date and place of birth, and the third day of each month, until signed by the Commissioner of Health, in case the child is not the first and only child of such mother, and every month to the office of the Commissioner of Health, in case the child is the first and only child of such mother, for the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, and the name and address of the person or persons of such child to report the same to the Commissioner of Health, in the manner and within the time specified in this section, shall be furnished by the parent or persons who shall hereafter fail to comply with the provisions of this section, shall be, and be subject to the fine of ten dollars for each offense, to be covered on other fines and forfeitures recoverable by the State.

been conferred) in sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month for which the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or in case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons so attending the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6th

4. Place of Birth, (Street and Number) 208 N. Pine St

5. Full Name of Mother, Mrs. Fannie Finmeron

6. Mother's Maiden Name, Fannie A. Stewart

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm. H. Finmeron

9. Father's Occupation, Engineer

10. Father's Birthplace, Fairview Ohio

Name of Medical Attendant, or other person who makes this Return

Address,

23 N. Bayreuther St

Remarks,

8940005657

60815-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, November 6th '94

4. Place of Birth, (Street and Number) 422 N. Patterson Park Ave.

5. Full Name of Mother, *Gerardina C. Johanna Hornberger*

6. Mother's Maiden Name, Janssen

7. Mother's Birthplace, Germany

8. Full Name of Father, J. John Thornberger

9. Father's Occupation Printer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hannah E. Knott

Name of Member Richard, makes this Return, 233 N. Pat. Plk. Ave.
Address 233 N. Pat. Plk. Ave.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24 November 1894*

4. Place of Birth, (Street and Number) *Lehigh St. No. 1195*

5. Full Name of Mother, *Maria Thomas*

6. Mother's Maiden Name, *Gottmeier*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William Thomas*

9. Father's Occupation, *Coal Miner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return,

Address, *Maroline Shroy Tool Bldg No. 434*

Remarks, *18940005660*

60817

Baltimore City.

[illegible]

2

Boy

White

Nov 6th 1894

number) 814 Dexter St.

Courtoine Hersch

Shannon

Jim de h

6 aspects

Geanner

or other person who makes this Return, Alcar

Mary Thiptis

205 N Washington St.

1 8 9 4 0 0 0 5 6 6 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)-

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

60819

more City.

1st

Female

White

Wednesday November 7th 1894

No 1515 of Charles 1st

Grace Kimball

Grace Humphreys

Baltimore

John T Kimball

Labores

Baltimore

or other person who makes this Return, Catherine Hornum

Byrd Street. Little

8 9 4 0 0 0 5 6 6 3

been conferred in the sex, color, the full name and occupation of the parents, the name of each child, (if any shall have been conferred), the date of birth of each child, the date of the birth of the first child, the date of the birth of the third day of each and every month thereafter, the date of the birth of the fourth day of each and every month thereafter shall occur without the attendance of a physician or practitioner in the form of a certificate to be signed by the child's mother, the father, the Commissioner of Health, or the Commissioner of the Department of Social Services, in the presence of the child's mother, immediately thereafter, it shall become the duty of the mother, immediately thereafter, to cause the birth of such child to be recorded in the office of the Commissioner of Health, in the manner and within the period allowed by such law as shall be enacted by the Legislature, and in compliance with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Name *William Edward Manger*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *wh.*

3. Date of Birth. *Nov. 7/94*

4. Place of Birth, (Street and Number) *2503 Francis St.*

5. Full Name of Mother, *Mrs Wm Manger*

6. Mother's Maiden Name, *May Heldt.*

7. Mother's Birthplace, *Harford Co. Md.*

8. Full Name of Father, *Wm Manger*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Balto. Md.*

Name of Medical Attendant, or other person who makes this Return, *C. Smith M.D.*

Address, *2505 Penna Ave*

Remarks, *18940005665*

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the case of the birth of any child, on the third day of each and every month of the year, to the Registrar of Vital Statistics, in the case of the birth of any child, and the practitioner who fails to comply with the provisions of this section shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7/94
4. Place of Birth, (Street and Number) 841 Leadenhall St
5. Full Name of Mother, Hannie E. Schelhaus
6. Mother's Maiden Name, Fannie E. Meredith
7. Mother's Birthplace, Duane Ann Co Md
8. Full Name of Father, George Schelhaus
9. Father's Occupation, Drug Porter
10. Father's Birthplace, Balto Md
Name of Medical Attendant, or other person who makes this Return, E. Tricheaux M.D.
Address, 407 Sharp St
Remarks, 18940005666

in or her care during the birth of such child, (if any) shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by the City of Baltimore. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of such child, the person who shall report its birth to the Commissioner of Health, shall immediately thereupon comply with the provisions of this section, and any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by the City of Baltimore.

RETURN OF A BIRTH.

60824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth... Nov. 7th

4. Place of Birth, (Street and Number)... Decatur 223

5. Full Name of Mother... Maggie Stearns Kopski

6. Mother's Maiden Name... Bullchinski

7. Mother's Birthplace... Poland

8. Full Name of Father... John Stankofski

9. Father's Occupation... Laborer

10. Father's Birthplace... Poland

Name of Medical Attendant, or other person who makes this Return... Dr. J. M. Kopski

Address... 602 Bond St.

Remarks... 18940005668

RETURN OF A BIRTH. 64825-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 7th 1894

4. Place of Birth, (Street and Number) 12 S East 11th St,

5. Full Name of Mother, Annie Miller

6. Mother's Maiden Name, Scamman

7. Mother's Birthplace, Scamman

8. Full Name of Father, Leah Miller

9. Father's Occupation, Carpenter

10. Father's Birthplace, Scamman

Name of Medical Attendant, Mary R. J. J. or other person who makes this Return.

Address, 215 N Washington St,

Remarks, 1 3 9 4 0 0 0 5 6 6 9

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) — White

3. Date of Birth, Nov. 7 - 1894

4. Place of Birth, (Street and Number) *Med. Homoeopathic Hosp., 1122 N. Mount St.*

5. Full Name of Mother, Caroline Schmidt

6. Mother's Maiden Name, Woo

7. Mother's Birthplace, Germany

8. Full Name of Father,

9. *Father's Occupation* _____

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return *J. Oliver Hendrix M.D.*

Address, 1122 W. Monnet St.

Remarks, Illegitimate - 50 days not stain in-
formation regarding father -

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, November 8th 1899,

4. Place of Birth, (Street and Number) 2211 1/2 Grissauer Street

5. Full Name of Mother, Mrs. Frances Hough

6. Mother's Maiden Name, Mrs. Francis Barnes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. John Robert Mouch

9. Father's Occupation, Salvador

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Leaha Jackson

Address, #1013 H Chapel & REEF

Remarks, 1 8 9 4 0 0 0 5 6 7

section conferred) in each section, the full name and occupation of its parents, the date and place of birth; and the date of each and every month to the office of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or without no other person be present, the mother, named after the birth of the child, shall be liable to a fine of not more than five dollars, and the child's name and date of birth shall be reported to the authorities within the period above required, and the mother or person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, each offense, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

GIVEN NAME **ADDED** 7/15/60

60828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name; William Bealmeier Brewer

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth November 8th 1894.

4. Place of Birth (Street and Number) 1313 Mulberry St

5. Full Name of Mother Ella Brewer

6. Mother's Maiden Name Ella M. Phail

7. Mother's Birthplace Baltimore City

8. Full Name of Father Ernest E. Brewer

9. Father's Occupation Clerk

10. Father's Birthplace Annapolis

Name of Medical Attendant, or other Person who makes this Return. J. R. Uhler M.D.

Address 661 W. Fayette St

Remarks

18940005672

RETURN OF A BIRTH. 60829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *8 November 1894*

4. Place of Birth, (Street and Number) *Baltimore Md 1206*

5. Full Name of Mother, *Zeter M Glascoe*

6. Mother's Maiden Name, *Zeter M Moore*

7. Mother's Birthplace, *Wierpork Prince Geo Co MD*

8. Full Name of Father, *John W Glascoe*

9. Father's Occupation, *Plaster*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this return, *Susan Moyer 123 N Durham*

Address, *123 N Durham Street*

Remarks, *1894 Oct 5 8 7 2 3 4 5 6 7 8 9*

60831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, November 8th 1897.

4. Place of Birth, (Street and Number) Baltimore #709 Orleans St.

5. Full Name of Mother, Mrs Rhoda Smith

6. Mother's Maiden Name, Mrs Rhoda Bantam.

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Lewis Smith.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. Mrs Venelia Jackson

Address, #13 N. Charles St.

Remarks, _____

1 8 9 4 0 0 0 5 6 7 5

been conferred by the Registrar, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Registrar, or should the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to appear before the Registrar, in the manner and within the period above required, and any person or persons who shall hereafter fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 600 831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) -
3. Date of Birth, Mon 9th/94
4. Place of Birth, (Street and Number) No 412 9 Thorough St. Extended
5. Full Name of Mother, Eлизаbeth Margereth
6. Mother's Maiden Name, Beumler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Margereth
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.
- Address, No 1907 E Monument St.
- Remarks, -

18940005676

months, and shall set forth, as far as the same can be ascertained, the time, place, and manner of the birth, the name of the child, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes this Return, the date and every month to the only the practitioner in the form of a certificate, and the name of the person who shall be liable for the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 9 of November 1894

4. Place of Birth, (Street and Number) No 1507 North Dulles

5. Full Name of Mother, Mary M. Reed

6. Mother's Maiden Name, Mary M. Earnst

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John A. Reed

9. Father's Occupation, Tanner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, No 1054 Maryland Ave

Remarks, 1894 05 58 794

1894

60834

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly sworn to, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report to persons who must hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten dollars as each offence, to be recovered as other fines and forfeitures are recoverable.

1. Ser. (~~state whether male or female~~)....

2. Race or Color, (~~if not of the white race~~)

3. *Date of Birth.*

Nov 9th 2:5th AM

4. *Place of Birth, (Street and Number)*

253 S Central Ave

5. Full Name of Mother,

May Hogg

6. *Mother's Maiden Name,*

4. Burho

7. *Mother's Birthplace,*

Balti

8. *Full Name of Father,*

James V. Hogg

9. *Father's Occupation.*

Leamster

10. *Father's Birthplace,*

Balti

Name of Medical Attendant, or other person who makes this Return,

Wm. H. Thompson

Address.

25 W. Preston St

Remarks,

1 8 9 4 0 0 0 5 6 7 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother, *Elizabeth*

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 6 7 9

[illegible]

60836

City

2.

324

Photo

Nov 9th 1894

nd. Number) 1624 Chestnut St

Lizzie Lovous hii

100

Bohemian

10-216 Coronado

Carpenter

Johnson

ant, or other person who makes this Return, Mary Hopkins

2039 // ds. hal. 9/10. - 1/1

0 9 4 0 0 0 5 6 8 0

Wm. J. C. Dulaay Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1 son

1. Sex, (state whether male or female).... Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth,

4. Place of Birth, (Street and Number) 16 Dallas St

5. Full Name of Mother, Mary Lee

6. Mother's Maiden Name, Mary Talbot

7. Mother's Birthplace, Henderson NC

8. Full Name of Father, George Washington Lee

9. Father's Occupation Oystero Shell

10. Father's Birthplace, Franklin Co NC

Name of Medical Attendant, or other person who makes this return, Carolin Patison

Address, 16 Dallas St Baltimore

Remarks, *Doing Well as can Expect*

address 419 Lemia St 505081

[illegible]

Local. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, the sex, the race, color, the full name and occupation of its parents, the date and place of its birth, the name of the practitioner to whom it is assigned, the date and place of its birth, the name of the mother, immediately thereafter it shall become the duty of the person or persons who shall receive the child to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall neglect or fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

60838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, November 9-94

4. Place of Birth, (Street and Number) 1839 Light St

5. Full Name of Mother, Cynthia Jewell

6. Mother's Maiden Name, Cynthia Jackson

7. Mother's Birthplace, W.A.

8. Full Name of Father, Charles H Jewell

9. Father's Occupation, Laborer

10. Father's Birthplace, W.A.

Name of Medical Attendant, or other person who makes this Return, L. K. Wiley M.D.

Address, 724 N. Carey St

Remarks, 7 months 4 days 8 2

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60839

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 9th 1894

4. Place of Birth (Street and Number)

9 South Sticker

5. Full Name of Mother

Julia Mabel Keener

6. Mother's Maiden Name

Julia Mabel Collison

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Wm Morse Keener

9. Father's Occupation

Printer

10. Father's Birthplace

Washington D.C.

Name of Medical Attendant, or other Person who makes the Return.

J.R. Uhler M.D.

Address

661 W. Fayette St

Remarks

18940005683

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, in violation of the provisions of this act, or in case the practitioner attending upon the mother, immediately thereafter it, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any failure to do so shall be deemed an offense, and the person or persons so offending shall be liable to be fined to the sum of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 10th 1894

4. Place of Birth, (Street and Number)

1201 Hanover St

5. Full Name of Mother,

anna kate Jackson

6. Mother's Maiden Name,

anna kate Veller

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George A. Jackson

9. Father's Occupation,

Machanic

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

Ellenora A. Anderson

Address,

1434 Patapsco St

Remarks,

60840005684

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 10 1897

4. Place of Birth, (Street and Number) # 821 Calverton Road

5. Full Name of Mother, Mary Kellenberg

6. Mother's Maiden Name, Mary Martin

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Edward Kellenberg

9. Father's Occupation, Baltimore Labor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. Irvine Warwick M.D.

Address, # 2841 Bayview Ave.

Remarks, _____

1 8 9 4 0 0 0 5 6 8 5

been conferred) its sex, color, the full name and occupation of the person to whom the same shall be delivered, the full name of each child, if any shall have been born to the mother, and the place of birth; and the mother shall deliver, every month to the office of the Commissioner of Health, in the form of a certificate, a statement of the number of children born to her, and the names of such children, and the names of the midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. In case the birth of any child shall be reported to the Commissioner of Health, in the manner and within the time herein provided, and the mother or persons who shall heretofore fail to comply with the provisions of this section, shall be fined not less than ten (\$10) dollars for each offense, to be recovered as no other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 1-71-56

60 A42

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Violet ~~Hess~~ 3rd
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Journal

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

Nov. 10/94

4. *Place of Birth, (Street and Number).*

115 Carroll Ave. Waverly

5. Full Name of Mother,

Mr W. H. Hesse

6. *Mother's Maiden Name.*

Katharine Merkel

7. *Mother's Birthplace,*

Germany

8. *Full Name of Father,*

Wm. E. Hess

9. *Father's Occupation.*

Lucernaz

10. *Father's Birthplace.*

Paults and

Name of Medical Attendant, or other person who makes this Return.

or other person who makes this Return.

Edmund

Address, ..

2505 Perry. Ariz

Remarks.

1 8 9 4 0 0 0 5 6 8 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 22

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10 - 94

4. Place of Birth, (Street and Number) 5-13 Warner St.

5. Full Name of Mother: Rosa Hannah

6. Mother's Maiden Name. " J

7. Mother's Birthplace *Russia*

8. Full Name of Father *Isaac Munch*

4) Father's Occupation: Shoemaker

10. Father's Birthplace *Prussia*

Name of Medical Attendant, or other person who makes this Return, Thos M Lumping, M.D.

Address. 412 S. Oaca, M.

Remarks

Wm. J. C. Dolany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

name of child Christine E. Sewe 2nd

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 10th 1944

4. Place of Birth, (Street and Number) 2136 E. Wacker Dr.

5. Full Name of Mother, Christine Grewe
Spencer, Pa.

6. Mother's Maiden Name, Christine Hermanns

7. Mother's Birthplace, Summary
..... Gustav, etc.

8. Full Name of Father, J. Gustav Brown
Machinist

9. Father's Occupation, German

10. Father's Birthplace, _____
 _____ as other person who

Name of Medical Attendant, or other person who makes this Return.

Address, 1019 N. Caroline Cor

Remarks, 8940005690

60848

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any during the month conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother or the person or persons of such kind shall be required to appear before the Commissioner of Health, in the morning and within the hour of the third day of each and every month to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars each offence, to be recovered on other fines and forfeitures are recoverable.

9

130

4/17/76

Nov 10th 1894

931 Durham St

Mary Fisher

[Faint handwritten notes at the bottom of the page]

Усання

John Lusk

Brick layer.

Deamer

Henry Root

203 N. Washington St.

1 8 9 4 0 0 0 5 6 9 2

RETURN OF A BIRTH. *lee 849*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *10 Nov 1899*
4. Place of Birth, (Street and Number) *1009 Parish all*
5. Full Name of Mother, *April Hall*
6. Mother's Maiden Name, *Homes*
7. Mother's Birthplace, *arrn*
8. Full Name of Father, *George Homes*
9. Father's Occupation, *Labr*
10. Father's Birthplace, *arrn*
- Name of Medical Attendant, *Dr. J. H. Warren*
or other person who makes this Return.
- Address, *1524 Bruce st*
- Remarks, *18940005693*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth,

#112 November 10th 1894.

4. Place of Birth, (Street and Number)

Baltimore #1031 1/2 Chapel St.

5. Full Name of Mother,

Mrs. Lealia Simpson.

6. Mother's Maiden Name,

Mrs. Lealia Campbell.

7. Mother's Birthplace,

Tolchester County Eastern Shore.

8. Full Name of Father,

Mr. John Simpson.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Tolchester County Eastern Shore.

Name of Medical Attendant,

or other person who makes this Return.

Mrs. Lealia Jackson.

Address,

#1031 1/2 Chapel Street

Remarks,

1 8 9 4 0 0 0 5 6 9 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second entries of the child, and shall be filed in the office of the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or person having the custody of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Louis Harrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 10th 19. 30 A.M.

4. Place of Birth, (Street and Number) 1216 N. Eldred St.

5. Full Name of Mother, Albertine Harrison

6. Mother's Maiden Name, Albertine Steiner

7. Mother's Birthplace, in Bohemian Aus.

8. Full Name of Father, Samuel A. Harrison

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Maria Elias

Address, 1625 Hopkins Ave.

Remarks, 1625 Hopkins Ave.
8 4 0 0 0 5 6 9 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-14-59
 RN OF A BIRTH. 100853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Ellen Maguire No. 3d

1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race)... *White*
3. Date of Birth, *10th November 1894*
4. Place of Birth, (Street and Number)... *824 Neighbours st*
5. Full Name of Mother, *Mary Maguire*
6. Mother's Maiden Name, *Mary Black*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Patrick Maguire*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*
Name of Medical Attendant, *Mrs Wooden*
Address, *347 N. Calvert St.*
Remarks, *1 5 9 4 0 0 0 5 6 9 7*

RETURN OF A BIRTH. 60854 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Sunday Nov 11 th 1894

4. Place of Birth, (Street and Number) 1346 Cleveland st

5. Full Name of Mother, Henrietta Deal

6. Mother's Maiden Name, Henrietta Deal

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Marshall

9. Father's Occupation, Brick Yard

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, J. Louis Mills

Address, 1366 Cleveland st

Remarks, very well 4 5 6 9 8

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 10855-

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 11th
4. Place of Birth, (Street and Number) 123 E Cross st Balto City
5. Full Name of Mother Emma V. Murphy
6. Mother's Maiden Name Emma Virginia. Sank
7. Mother's Birthplace Baltimore City
8. Full Name of Father Michael P. Murphy
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mrs Conway
- Address _____
- Remarks _____
- 8940005699

month, and shall set forth as contained a statement of the birth, which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each, and every month to the office of the Commissioner of Health, or to the office of the Registrar of Births, on or before the day of the month next following the month in which the birth of any child occurred, and the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

60956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Alexander Earl Welsh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-

1. Sex, (state whether male or female) M-

2. Race or Color, (if not of the white race) W

3. Date of Birth, Nov 11-94

4. Place of Birth, (Street and Number) Old York Road

5. Full Name of Mother, Annie Welsh

6. Mother's Maiden Name, " Frank

7. Mother's Birthplace, Balti Co

8. Full Name of Father, Philip B Welsh

9. Father's Occupation, Clerk

10. Father's Birthplace, B C

Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Miller

Address, 1207 E Monument St

Remarks, 18940005700

been conferred, its sex, color, the full name can be ascertained the full name of each child, if any shall have been conferred, of its parents, the date and place of birth: and the said date shall be delivered, duly signed by the practitioner of health, or the attendance of a physician or practitioner of midwifery, or should no other person attendance upon the mother, to become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the provisions of this act above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored male
3. Date of Birth, Nov. 11 1894
4. Place of Birth, (Street and Number) No. 235 Calver St Baltimore
5. Full Name of Mother, Emmette Barton
6. Mother's Maiden Name, Emmette Jackson
7. Mother's Birthplace, Baltimore Co. and
8. Full Name of Father, John Barton
9. Father's Occupation, Carpenter & Builder
10. Father's Birthplace, Baltimore and
- Name of Medical Attendant, or other person who makes this Return, George Angus Brooks
- Address, 1751 E. 17 St Baltimore and
- Remarks, Remarks not any
- 874000501

RETURN OF A BIRTH. *66 858*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *C. Colord*

3. Date of Birth, *November 11 1894*

4. Place of Birth, (Street and Number) *319 Dore & Street*

5. Full Name of Mother, *Lucie Sherman*

6. Mother's Maiden Name, *Lucie Oliver*

7. Mother's Birthplace, *Ellicott Mills*

8. Full Name of Father, *John Sherman*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return

Address, *537 Walnut Alley*

Remarks, *Mary Ann Mason*

1894 0005702

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 60859

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sunday 7 o'clock PM Nov 11th 1897

4. Place of Birth, (Street and Number) 2608 Hudson

5. Full Name of Mother Emma Whitehurst

6. Mother's Maiden Name Whitehurst (not married)

7. Mother's Birthplace Va

8. Full Name of Father Harry Heath

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Dr. Richard M. D.

Address 1010 Chesapeake St

Remarks Born out of wedlock Both mother and child

are doing well when I left
8 9 4 0 0 5 7 0 3

This schedule shall contain a list of the births which have occurred during the month, and shall be signed by the Commissioner of Health, and the same can be ascertained the full name of each child, its sex, color, its date of birth, the date and place of birth, and the certificate between the first and second child of the mother, or should any child be born to the mother, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the period above required, and if the person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 60860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Charles F. Steide

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white (German)

3. Date of Birth, November 11, 1894

4. Place of Birth, (Street and Number) Harford Road - opp Darby Park Brewery

5. Full Name of Mother, Christina Steide

6. Mother's Maiden Name, Christina Neumann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Steide

9. Father's Occupation, Engineer Darby Park Brewery

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return J. M. M. M. M.

Address, 1701 N. Caroline St.

Remarks, 18940005704

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such sex, color, name and occupation, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6. Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Nov 11th 1894

4. Place of Birth, (Street and Number)

300 Forrest St

5. Full Name of Mother,

Mrs Maggie Sangerfelder

6. Mother's Maiden Name,

Miss " Graf

7. Mother's Birthplace,

Bayern Germany

8. Full Name of Father,

Fred Sangerfelder

9. Father's Occupation,

Labor

10. Father's Birthplace,

Bayern Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hiller

Address,

#2127 W Pratt St

Remarks,

18940005705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 7 0 6

breath. This certificate shall contain the name of the birthplace, the date and time of birth, the name of the father, the name of the mother, the name of the physician or midwife, the name of the person or persons who were present at the birth, the sex of the child, the full name and occupation of its parents, the date and place of birth, and the date and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of the child's life, to the mother, or if the mother is deceased, to the father, or if both are deceased, to the nearest relative of the child, or to the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and in accordance with the provisions of section 2204 of the laws of 1909, the person or persons so required shall pay to the Commissioner of Health, for each child so reported, a fee of ten dollars for each offence, to be collected as other fines and forfeitures are collected.

60863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. Date of Birth, Nov 11/2 1894

4. Place of Birth, (Street and Number) - 1616 Chapel St.

5. Full Name of Mother, Lizzie Baseline

6. *Mother's Maiden Name.*

7. Mother's Birthplace, Glasgow

8. Full Name of Father, John Bashline

9. Father's Occupation Dr. Taylor

10. Father's Birthplace, Chattanooga

Name of Medical Attendant,

or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 7 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 10864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall set forth as far as may be ascertained the full name and occupation of the mother, the date and place of birth, the date and place of birth of the child, if any, shall have been conferred its seal and delivered, duly signed by the Registrar, in the form of a certificate, the birth of any child shall occur, without the attendance upon its birth to the Commissioner of Health, or should no other person, or such attendance upon its birth to the Commissioner of Health, in the manner and within the time specified above required, and such person or persons who fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940005708

RETURN OF A BIRTH. 60865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)---

2. Race or Color. (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov

4. Place of Birth, (Street and Number) 104

5. Full Name of Mother Heaven

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father James

9. Father's Occupation Teacher

1. Father's Birthplace

Name of Medical Attendant: _____

Address 2100 17th

Address, 20501 01

Remarks, 1 8 9 4 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. *100 86 7*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant,

or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dolany Co., City Printers and Stationers.

RETURN OF A BIRTH. *60 868*
 Statistics Board of Health, Baltimore City.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
 Sex Male

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) Latino

2. Race or Color, (if not of the white race) 112th of 1st

3. Date of Birth, 116 myrtle ave

3. Date of Birth, 1916
4. Place of Birth, (Street and Number) George Washington

5. Full Name of Mother, Georgina Corbett

6. Mother's Maiden Name, Yvonne
Birthplace, Santa Cruz County, California

6. Mother's Name, John
7. Mother's Birthplace, California
8. Name of Father, Water

8. Full Name of Father, _____ a water
9. Father's Occupation _____ Baltimore

9. Father's Occupation Calvinist

10. Father's Birthplace Spencer, Vermont

11. Name of person who attended or other person who Spencer, Vermont

12. Name of person who attended or other person who Spencer, Vermont

10. Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return. 616 Clinton Ave

Address, 40005712

Remarks, _____ 189400057

[illegible]

RETURN OF A BIRTH. 60869 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 11th day of Nov 1894

4. Place of Birth, (Street and Number) 819 Remington Ave

5. Full Name of Mother, J. Annie Smith

6. Mother's Maiden Name, " " Wheatly

7. Mother's Birthplace, Balto County (Mary)

8. Full Name of Father, Harry M. Smith

9. Father's Occupation, Walter

10. Father's Birthplace, Balto County

Name of Medical Attendant, or other person who makes this Return, Annie Thompson

Address, 825 Remington Ave

Remarks, 18940005713

RETURN OF A BIRTH. 60870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3rd Child.

1. Sex, (state whether male or female)... Male.

2. Race or Color, (if not of the white race)... White.

3. Date of Birth, ... 11th November 1894.

4. Place of Birth, (Street and Number)... Claude St. No 1327.

5. Full Name of Mother, ... Lina Dietrich.

6. Mother's Maiden Name, ... " Wierand.

7. Mother's Birthplace, ... Germany.

8. Full Name of Father, ... John Dietrich.

9. Father's Occupation, ... Leher.

10. Father's Birthplace, ... Germany.

Name of Medical Attendant, or other person who makes this Return, ... Lizzy Schaeffer.

Address, ... E. Fort Ave. No 162.

Remarks, ... 18940005714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd Child.
1. Sex, (state whether male or female)	Female.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	12 th November 1894.
4. Place of Birth, (Street and Number)	Dawson St. 122.
5. Full Name of Mother,	Ellenora Meyer.
6. Mother's Maiden Name,	" Ralsch
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	Leob. Meyer.
9. Father's Occupation	Etcher.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, <small>or other person who makes this Return.</small>	Lizzie Schaeffler
Address,	8 Port Ave. N. 1108.
Remarks,	18940005715

in the child at birth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the mother, the date and place of birth; and the third day of each and every year in which the child shall occur without the attendance of a physician, and in case the birth of the first and second child of the mother shall occur within the same year, the date and place of birth of each child to report upon the mother, immediately thereafter it shall become the duty of the person or persons be in any such person or persons who shall be required to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 12th 1894*

4. Place of Birth, (Street and Number) *945 W. Bond str.*

5. Full Name of Mother, *Anna Wolf*

6. Mother's Maiden Name, *Anna Neubauer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Andreas Wolf*

9. Father's Occupation, *Saloon Keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this return, *Charles W. A. Meyer M.D.*

Address, *1019 W. Caroline str.*

Remarks, *8940005716*

60874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6

- or other person who
makes this Return,"

1 8 9 4 0 0 0 5 7 1 8

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

60875-

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *12 Nov 1894*
4. Place of Birth (Street and Number) *183 Boyd St*
5. Full Name of Mother *Annie Edwards*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace *Eastern Shore*
8. Full Name of Father *Daniel Edwards*
9. Father's Occupation *Porter*
10. Father's Birthplace *Annapolis*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Jones*
- Address *1121 Saratoga St*
- Remarks

18940005719

RETURN OF A BIRTH. 60877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 13 Nov.
 4. Place of Birth, (Street and Number) 2233 Eastern Ave
 5. Full Name of Mother, Maggie E. Wentz
 6. Mother's Maiden Name, Maggie Kandler
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, George W. Wentz
 9. Father's Occupation, Letter-Carrier
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return. Mary S. Pertner
 Address, 241 S. Chertner.
 Remarks, 18940005721

RETURN OF A BIRTH. 60878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Ann McCauley & Child
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)-

2. Race or Color. (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8940005722

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. *60899* To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1826 13 of November 1894*

4. Place of Birth, (Street and Number) *1826 Hope Street*

5. Full Name of Mother, *Ellen Bailey*

6. Mother's Maiden Name, *Ellen Potney*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry S. Bailey*

9. Father's Occupation, *Boys Finisher*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other person who makes this Return, *Mrs Christina Lauer*

Address, *1059 Harford Ave*

Remarks, *1894000572399*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother, -

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be set forth in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of any physician or other person, or should no other person be in attendance, the physician or other person shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section as prescribed by the Commissioner of Health, shall be liable to be recovered an other fine and forfeitures are recoverable.

RETURN OF A BIRTH. 60883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color.

3. Date of Birth,

13 Nov.

4. Place of Birth, (Street and Number)

#22 S. Duncan St.

5. Full Name of Mother,

Mary Henderson

6. Mother's Maiden Name,

Mary Jones

7. Mother's Birthplace,

from Anundel Co.

8. Full Name of Father,

Nathan Henderson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mary A. Pertner

Address,

24 S. Chester St.

Remarks,

1 8 9 4 0 0 0 5 7 2 7

been conferred) its sex, color, the full name of the child, the date of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the birth of such child the mother or other person in attendance upon the birth of such child shall report the birth of such child to the office of the Commissioner of Health, in the manner and within the period above required, and be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CIVIL NAME ADDED 2-15-56
RETURN OF A BIRTH. 60884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maudie Isabelle Rollins ^{and}
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 13/94

4. Place of Birth, (Street and Number)

5-15 W. Lee St

5. Full Name of Mother,

Lillian D. Rollins

6. Mother's Maiden Name,

Lillian D. Hicks

7. Mother's Birthplace,

Richmond Virginia

8. Full Name of Father,

Clarence L. Rollins

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return

E. M. Kearney M.D.

Address,

407 Sharp St

Remarks,

1 8 9 4 0 0 0 5 7 2 8

RETURN OF A BIRTH. *10883*
 Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, ~~4th~~) *5th*

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) *Norman*

3. Date of Birth,

4. Place of Birth, (Street and Number) *Pla*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person making this Return, 101

Address,

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. 60886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 13th 1894
4. Place of Birth, (Street and Number) 519 Hargrove ally
5. Full Name of Mother, Susie Hemmick
6. Mother's Maiden Name, Susie Bandy
7. Mother's Birthplace, Middlesex Co. Va
8. Full Name of Father, Madison Hemmick
9. Father's Occupation, Waiter, Loyola College
10. Father's Birthplace, Charles Co. Md
- Name of Medical Attendant, or other person who makes this Return. Mrs. Charity Jones
- Address, _____
- Remarks, 8940005730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Genevieve Cook

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 5 7 3 2

RETURN OF A BIRTH. 60889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Mary Elizabeth Schwent 5th Child

Name: Mary Elizabeth Smith
No. of Child of Mother. (State whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

2. Race or Color, (if not of the white race) 14th November 1894.
4th 1908.

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

10. *Father's Birthplace,*
Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

RETURN OF A BIRTH 60890
Statistics Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 Is the child male or female? Male

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race). *Norman*

2. Race or Color, (if not of the white race) *November 4*
3. Date of Birth, *1616* *Argyle Ave*
Street and Number *Merino*

4. Place of Birth, (Street and Number) 1616
Mother Addie J. Mering

5. Full Name of Mother, Adeline Orlaplane

6. Mother's Maiden Name, Carroll County Indiana

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, *Sgt. Proctor* *Dial*

9. Father's Occupation, Carroll County

10. Father's Birthplace, Canaan
 Attendant, or other person who makes this return, Paul J. Cordman

Name of Medical Attendant, or other person making this return.

Name of Member _____
Address, _____
_____ 4573 Ave _____

Address, _____
Remarks, 18 1530 Charles

No. _____
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____
 16. _____
 17. _____
 18. _____
 19. _____
 20. _____
 21. _____
 22. _____
 23. _____
 24. _____
 25. _____
 26. _____
 27. _____
 28. _____
 29. _____
 30. _____
 31. _____
 32. _____
 33. _____
 34. _____
 35. _____
 36. _____
 37. _____
 38. _____
 39. _____
 40. _____
 41. _____
 42. _____
 43. _____
 44. _____
 45. _____
 46. _____
 47. _____
 48. _____
 49. _____
 50. _____
 51. _____
 52. _____
 53. _____
 54. _____
 55. _____
 56. _____
 57. _____
 58. _____
 59. _____
 60. _____
 61. _____
 62. _____
 63. _____
 64. _____
 65. _____
 66. _____
 67. _____
 68. _____
 69. _____
 70. _____
 71. _____
 72. _____
 73. _____
 74. _____
 75. _____
 76. _____
 77. _____
 78. _____
 79. _____
 80. _____
 81. _____
 82. _____
 83. _____
 84. _____
 85. _____
 86. _____
 87. _____
 88. _____
 89. _____
 90. _____
 91. _____
 92. _____
 93. _____
 94. _____
 95. _____
 96. _____
 97. _____
 98. _____
 99. _____
 100. _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4 1/2 lbs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth,*

3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
Mother _____

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 5 7 3 5

MR. J. G. DULANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 60892 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girls

2. Race or Color, (if not of the white race) 14 Jan 1892

3. Date of Birth, Baltimore

4. Place of Birth, (Street and Number) 17 d. d.

5. Full Name of Mother, Mrs. Boring

6. Mother's Maiden Name, Mrs. Stoshner

7. Full Name of Father, Germanis Boring

8. Father's Occupation, Washlight

9. Father's Birthplace, Germania Prussia

10. Father's Birthplace, McMansie Prussia

Name of Medical Attendant, Dr. J. J. J. J.

Address, 1635

Remarks, 18940001635

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1922

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____

1. Sex, (state whether male or female) ☐ Male ☐ Female

3. Date of Birth,

3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Name of Mother, Mary

6. Mother's Maiden Name, _____

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation.

10. Father's Birthplace, _____ Medical A _____

Name of Medical Attendant, _____

Address,

Remarks.

1 8 9 4 0 0 0 5 7 3 7

MR. J. C. DULANY & CO., CITY PRINTER AND STATIONERS

1584
60896

1584
60896

34

Male

Brown Skin

showed on the 16th

690 Shields alj

Gary S. L. L. L.

Cary Rust

Howard Co

Daniel Sueder

a helper in a drug store

City

S. ca. somnata

Clinton ave

1 8 9 4 0 0 0 5 7 4 0

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its death, if it has died, and the name and occupation of the person or persons to whom the said child shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of and any and all persons who shall be present at the birth of the child to report its birth to the Commissioner of Health, and to the Registrar of Vital Statistics, within the time and in the manner prescribed by the provisions of this section, and for failure to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 5th Child.
 1. Sex, (state whether male or female) — Female
 2. Race or Color, (if not of the white race) — White.
 3. Date of Birth, — 17th November 1894.
 4. Place of Birth, (Street and Number) — Rickard St. No 1451.
 5. Full Name of Mother, — Agnes Shell
 6. Mother's Maiden Name, — Malenod.
 7. Mother's Birthplace, — Scotland.
 8. Full Name of Father, — Jim Shell
 9. Father's Occupation, — Sailor.
 10. Father's Birthplace, — Scotland.
 Name of Medical Attendant, or other person who makes this Return, — Lizzy Schaeffler
 Address, — E. Port Ave. No 170 S.
 Remarks, — 18940005741

RETURN OF A BIRTH. 60898 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 of November

4. Place of Birth, (Street and Number) 1119 Millcoy Street

5. Full Name of Mother, Anne C. Mullin

6. Mother's Maiden Name, Anne C. McWilliams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Arthur M. Mullin

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer

Address, 1058 Blanford Ave

Remarks, 18940005
1894

RETURN OF A BIRTH 60899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

African

3. Date of Birth,

Nov 17 - 1894

4. Place of Birth (Street and Number),

209 Richmond

5. Full Name of Mother,

Maria Teackle

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Edmund K. Ballard M.D.

Address,

Remarks,

18940005743

RETURN OF A BIRTH. 60900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, November 18 1894
633

4. Place of Birth, (Street and Number) 733 David Park Lane

5. Full Name of Mother, Emma C. Bzgalter

6. Mother's Maiden Name, Emma C. Bradley
Bethune City

7. Mother's Birthplace, Baltimore, Md.
St. Louis - Missouri

8. Full Name of Father, Shree. Nagesh

9. Father's Occupation..... *Water & man*
Baltimore City

10. Father's Birthplace, London, England

Name of Medical Attendant, or other person who makes this Return, Laura L. L. L.

Address, 644 Jasper Street

Remarks, 1 5 9 4 0 0 0 5 7 4 4

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 60901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child.
1. Sex, (state whether male or female)	Male.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	18th November 1894.
4. Place of Birth, (Street and Number)	St Andrew Street No 1460.
5. Full Name of Mother,	Chini Forster.
6. Mother's Maiden Name,	" Denison
7. Mother's Birthplace,	England.
8. Full Name of Father,	Henric Forster
9. Father's Occupation	Stevedor.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, <small>or other person who makes this Return.</small>	Lizzie Schaeffer
Address,	8 Hart Ave No 1108.
Remarks.	

Wm. J. C. Dulany Co., City Printers and Stationers.

60902

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 18th 1894

4. Place of Birth, (Street and Number) 1242 William St

5. Full Name of Mother, Sarah Elizabeth Rea

6. Mother's Maiden Name, Sarah Elizabeth Rea

7. Mother's Birthplace, Dorchester county. md

8. Full Name of Father, Christopher. Mc. Kimm. Seal

9. Father's Occupation, Clerk

10. Father's Birthplace, Winchester. Va

Name of Medical Attendant, or other person who makes this Return, William. A. Anderson

Address, 1434. Patapsco. St

Remarks, 8940005746

RETURN OF A BIRTH. 60903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov 18/94
 4. Place of Birth, (Street and Number) 1813 Canton Ave
 5. Full Name of Mother, Augusta Madison
 6. Mother's Maiden Name, Black
 7. Mother's Birthplace, Balt
 8. Full Name of Father, Hugh Madison
 9. Father's Occupation, Brakeman
 10. Father's Birthplace, York Pa
 Name of Medical Attendant, (or other person who makes this Return) Mary P. Perego
 Address, 1903 Enoch St
 Remarks, 8940005747

RETURN OF A BIRTH, 60904

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th Joseph L. Kreiner

Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 18 1890

4. Place of Birth, (Street and Number)

124 56 Pinna ave

5. Full Name of Mother

Margaret Kreiner

6. Mother's Maiden Name

Margaret Snyder

7. Mother's Birthplace

Carroll County Maryland

8. Full Name of Father

Joseph Kreiner

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. S. Sackling

Address

951 Madison Ave

Remarks

Name added 8/5/96 by Anderson
Joseph L. Kreiner 7 4 8

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 60906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 19/94

4. Place of Birth, (Street and Number) 1822 Boston Ave

5. Full Name of Mother, Barbara Platt

6. Mother's Maiden Name, Barbara Scholz

7. Mother's Birthplace, Balt

8. Full Name of Father, Henry Platt

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this return, Mary E. Pargoy

Address, 1903 Gough St

Remarks, 18940005750

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 Sex, (state whether male or female) Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *Nov. 1*

2. Race or Color, ()
3. Date of Birth, ()

4. Place of Birth, (Street and Number) 1027
Mary J. Steele

5. Full Name of Mother, _____

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father

9. *Father's Occupation.*

9. Father's Birthplace

10. Father's Birthplace, _____, or other person who makes this Return, _____
Name of Medical Attendant, _____ 905 N. Charles St.

Address,

Remarks, 1 8 9 4 0 0 0 3 7 9

No.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

22.

23.

24.

25.

26.

27.

28.

29.

30.

31.

32.

33.

34.

35.

36.

37.

38.

39.

40.

41.

42.

43.

44.

45.

46.

47.

48.

49.

50.

51.

52.

53.

54.

55.

56.

57.

58.

59.

60.

61.

62.

63.

64.

65.

66.

67.

68.

69.

70.

71.

72.

73.

74.

75.

76.

77.

78.

79.

80.

81.

82.

83.

84.

85.

86.

87.

88.

89.

90.

91.

92.

93.

94.

95.

96.

97.

98.

99.

100.

101.

102.

103.

104.

105.

106.

107.

108.

109.

110.

111.

112.

113.

114.

115.

116.

117.

118.

119.

120.

121.

122.

123.

124.

125.

126.

127.

128.

129.

130.

131.

132.

133.

134.

135.

136.

137.

138.

139.

140.

141.

142.

143.

144.

145.

146.

147.

148.

149.

150.

151.

152.

153.

154.

155.

156.

157.

158.

159.

160.

161.

162.

163.

164.

165.

166.

167.

168.

169.

170.

171.

172.

173.

174.

175.

176.

177.

178.

179.

180.

181.

182.

183.

184.

185.

186.

187.

188.

189.

190.

191.

192.

193.

194.

195.

196.

197.

198.

199.

200.

201.

202.

203.

204.

205.

206.

207.

208.

209.

210.

211.

212.

213.

214.

215.

216.

217.

218.

219.

220.

221.

222.

223.

224.

225.

226.

227.

228.

229.

230.

231.

232.

233.

234.

235.

236.

237.

238.

239.

240.

241.

242.

243.

244.

245.

246.

247.

248.

249.

250.

251.

252.

253.

254.

255.

256.

257.

258.

259.

260.

261.

262.

263.

264.

265.

266.

267.

268.

269.

270.

271.

272.

273.

274.

275.

276.

277.

278.

279.

280.

281.

282.

283.

284.

285.

286.

287.

288.

289.

290.

291.

292.

293.

294.

295.

296.

297.

298.

299.

300.

301.

302.

303.

304.

305.

306.

307.

308.

309.

310.

311.

312.

313.

314.

315.

316.

317.

318.

319.

320.

321.

322.

323.

324.

325.

326.

327.

328.

329.

330.

331.

332.

333.

334.

335.

336.

337.

338.

339.

340.

341.

342.

343.

344.

345.

346.

347.

348.

349.

350.

351.

352.

353.

354.

355.

356.

357.

358.

359.

360.

361.

362.

363.

364.

365.

366.

367.

368.

369.

370.

371.

372.

373.

374.

375.

376.

377.

378.

379.

380.

381.

382.

383.

384.

385.

386.

387.

388.

389.

390.

391.

392.

393.

394.

395.

396.

397.

398.

399.

400.

401.

402.

403.

404.

405.

406.

407.

408.

409.

410.

411.

412.

413.

414.

415.

416.

417.

418.

419.

420.

421.

422.

423.

424.

425.

426.

427.

428.

429.

430.

431.

432.

433.

434.

435.

436.

437.

438.

439.

440.

441.

442.

443.

444.

445.

446.

447.

448.

449.

450.

451.

452.

453.

454.

455.

456.

457.

458.

459.

460.

461.

462.

463.

464.

465.

466.

467.

468.

469.

470.

471.

472.

473.

474.

475.

476.

477.

478.

479.

480.

481.

482.

483.

484.

485.

486.

487.

488.

489.

490.

491.

492.

493.

494.

495.

496.

497.

498.

499.

500.

501.

502.

503.

504.

505.

506.

507.

508.

509.

510.

511.

512.

513.

514.

515.

516.

517.

518.

519.

520.

521.

522.

523.

524.

525.

RETURN OF A BIRTH. 60908

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
 Sex of Child (state male or female) Female

1. Sex, (state whether male or female) Male
 of the white race) White

2. Race or Color, (if not of the white race) White
Nov 7/94

2. Race or Color, ()
3 Date of Birth, () and Number) 233

4. Place of Birth, (Street and Number) 233 N. Main
Florence Baker

5. Full Name of Mother, Florence Hamblin

6. Mother's Maiden Name, Annapolis

7. Mother's Birthplace, Samuel Elder

8. Full Name of Father, James Can Maken

9. Father's Occupation, *Barber*

10. Father's Birthplace, London, England
 11. Attendant, Dr. Mary C. Perry
 or other person who makes this Return.

Father's Birthplace.....

Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, *makes his return*
Address, *1903 Long St* *4805752*

Address, 1403 Souza
18940005752

Remarks, _____ 6 9 4 0 0 0 _____

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 60907
Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

[illegible]

RETURN OF A BIRTH 60910 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, november 12 th 1894

4. Place of Birth, (Street and Number) 1634 Clarson West

5. Full Name of Mother, Louise Deichmiller

6. Mother's Maiden Name, Louise Koch

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred S Deichmiller

9. Father's Occupation, Piano maker

10. Father's Birthplace, Germany

Name of Medical Attendant, Dr. Annie M. Geller
or other person who makes this Return.

Address, 1703. Hanover st. Baltimore City

Remarks, 18940005754

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 Sex Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Nov 12

2. Race or Color, (if not of the same race or color as the mother, state the race or color of the mother) Nov 12 1894

3. Date of Birth, Nov 12 1894

4. Place of Birth, (Street and Number) 19 S. Lucas
Sarah R Robinson

5. Full Name of Mother, Sarah

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____, or other person who makes this Return.

Name of _____
Address, 14 W Patterson _____

Address, 1411 Talbot
Remarks, 18940005755

[illegible]

RETURN OF A BIRTH. *60912*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5-11.
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Male.*
 1. Sex, (state whether male or female)..... *Colored.*
 2. Race or Color, (if not of the white race)..... *Mar. 14/94.*
 3. Date of Birth,..... *5-17 Brown's Alley.*
 4. Place of Birth, (Street and Number)..... *Martha Brown.*
 5. Full Name of Mother,..... *Ellis H.*
 6. Mother's Maiden Name,..... *Anna Arnold Co. Md.*
 7. Mother's Birthplace,..... *John Brown.*
 8. Full Name of Father,..... *Steadman*
 9. Father's Occupation,..... *Anna Arnold Co. Md.*
 10. Father's Birthplace,..... *Ida Collock M.D.*
 Name of Medical Attendant, or other person who makes this Return,..... *1030 McCulloch St.*
 Address,.....
 Remarks,..... *18440005755*

60913

3^d
Male
White

White
Apr. 15/94
1829 Madison Ave
Allen Schoolherr
Roenthal
Baltimore
Joseph Schoolherr
Merchant
New York City
Thomas Opie
219 W. Monument St

- 219 7 5 7

8940005757

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 60914 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 18-94

4. Place of Birth, (Street and Number) Garrett No 1325

5. Full Name of Mother, Kate Stumpf

6. Mother's Maiden Name, Wolf

7. Mother's Birthplace, Gronach-Baiern

8. Full Name of Father, John Stumpf

9. Father's Occupation, Stereotype

10. Father's Birthplace, Gronach-Baiern

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett No 1368

Remarks, 18940005758

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

D / Sir /

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) female
 Mother male or female) 1600 C. Fort Ave With

- 10 the 12
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *female*
1. Sex, (state whether male or female) *1600 E. Fort Ave. With*
2. Race or Color, (if not of the white race) *1600 E. Fort Ave.*
3. Date of Birth, *November 19th 94*
4. Place of Birth, (Street and Number) *1600 E. Fort Ave.*
5. Full Name of Mother, *Katharina Victor*
6. Mother's Maiden Name, *Katharina Wolshom*
7. Mother's Birthplace, *Washington*
8. Full Name of Father, *Leopold Victor*
9. Father's Occupation, *Grocer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Dr. J. Hengeler*
- Address, *1638 E. Fort Ave.*
- Remarks, *November 20th 94*
- 1894 05759

RETURN OF A BIRTH. 60916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 18940005760

1st Nov.
1827. McHenry St.
Anna Peter
Anna Ockse.
Baltimore City
George O. Peter
House Carpenter
Baltimore City
Wm Bareyl
711 Case St.

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conferred, the full name and occupation of the mother, the date and place of birth of the first and second child, the date of each and every month of a physician or practitioner of medicine, or should no other person, such attendance shall be secured without the mother, immediately thereafter, in the manner and within the time above required, and any such person or person shall be liable to the recovery of the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6091
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother, (state whether 1st, 2d, 3d, ...)
(state whether ...)

1. Sex, (state whether male or female.)

2. Race or Color, (if not of the white race)

3. Date of Birth, (if not of the white race)

Place of Birth, (Street and Number)
Full Name of Mother

Full Name of Mother, _____
Mother's Maiden Name, _____
Mother's _____

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

name of Medical Attendant,
address,

Address, Attendant, or other person who makes this Return.

marks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *November 1st 1894*
4. Place of Birth, (Street and Number) *Baltimore Nanticoke st 11.6.1*
5. Full Name of Mother, *Mrs Lydia Ford*
6. Mother's Maiden Name, *Miss Lydia Ehrich*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr George Ford*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Bangel*
- Address, *711 Center St.*
- Remarks, *18940005762*

month, and shall set forth as far as the name can be ascertained the full name of each child, if any shall be born, the date and place of birth, if any shall be born, the sex and color of each child, and the name and occupation of the practitioner in the form of a certificate, and shall forward the same to the office of the Registrar of Vital Statistics, Baltimore City, within the first and second months after the birth of each child, or should no other person be named, the mother or parents of such child, or the person who shall hereafter fall to be recovered in the provisions of this section required, and shall pay a fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 November
4. Place of Birth, (Street and Number) 345 Radcliff St.
5. Full Name of Mother, Friederike Kammer
6. Mother's Maiden Name, H. Kaiser
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Kammer
9. Father's Occupation, Laber
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Dr. Bange
- Address, 711 E. 12th St
- Remarks, 18940005763

RETURN OF A BIRTH. 60920
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 4, 1894
4. Place of Birth, (Street and Number) 1309 Valley Street
5. Full Name of Mother, Mary Elizabeth Doyle
6. Mother's Maiden Name, M. E. Lacey
7. Mother's Birthplace, Waverley near Baltimore
8. Full Name of Father, James Patrick Doyle
9. Father's Occupation, Composer
10. Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this Return, J. C. Gilchrist, Physician & Surgeon.
- Address, 820 E. Preston Street
- Remarks, 8 months child, otherwise normal

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The 4th

Male Child

White

5th November

November
435 - Ostend St

Allen Mitchell

Cherry blossom

Went to a
Ireland

John Mitchell

Laborer

Ireland

Mr Barage
411 Broadway

711 Burr St.

1 8 9 4 0 0 0 5 7 6 5

[illegible]

RETURN OF A BIRTH. 60922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940005766

Wm J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the name and place of birth, and the name of the person or persons who shall be delivered, duly signed by the practitioner. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall deliver the child, and the name of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth child.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 14 1894

4. Place of Birth, (Street and Number)

702 St. Peter St. Balt.

5. Full Name of Mother,

Teresa Begrow

6. Mother's Maiden Name,

Teresa Siefert

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Begrow

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Berger

Address,

711 Cross Street

Remarks,

18940005767

RETURN OF A BIRTH. 60924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 7th*

4. Place of Birth, (Street and Number) *1614 Presberry St*

5. Full Name of Mother, *Mary Rideober*

6. Mother's Maiden Name, *Mary List*

7. Mother's Birthplace, *Balt Co.*

8. Full Name of Father, *Harold Rideober*

9. Father's Occupation, *German*

10. Father's Birthplace, *Md Shockley*

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary A Shockley*

Address, *731 B. Street*

Remarks, *6.12.15 7.18.3*

RETURN OF A BIRTH. *60 925*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 9th 1894

4. Place of Birth, (Street and Number) 1116 S. Pasadena

5. Full Name of Mother, Ida May Keilholz

6. Mother's Maiden Name, Ida Mary Elliott

7. Mother's Birthplace, *Baltimore, Maryland*

8. Full Name of Father, George Washington Hill

9. Father's Occupation, Painter

10. Father's Birthplace, *Seaford, Maryland*

Name of Medical Attendant, or other person who makes this Return, *Mrs. R. A. G.*

Address, 711 Cross Street

Remarks, fish in 2000

8 9 4 0 0 0 5 7 6 9

[illegible]

Registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall set forth, as far as the same can be ascertained, the full name of each child, if any, the sex, color, the full name and occupation of the mother, the date and place of birth; and the day of each and every month to which the child is committed to the care of a physician or practitioner of medicine, without the attendance of a physician or practitioner of medicine, immediately thereafter it shall become the duty of the person or persons who shall have charge of the child to report its birth to the Registrar of such birth, in the manner and within the time prescribed in the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offense; to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 9th 1894
4. Place of Birth, (Street and Number) 2018 Eagle St.
5. Full Name of Mother, Mary Elizabeth James
6. Mother's Maiden Name, Leaton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert John James
9. Father's Occupation, Laborer
10. Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this Return H. W. Weber M.D.
- Address, 723 W. Lombard St.
- Remarks, Good Breast-fed Natural Labor
- 60920

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled out by the same person who has been conferred the duty of ascertaining the date and hour of birth, the sex, color, the full name of the child, if any shall have been conferred, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, and the name of the medical attendant, in the form of a certificate between the third day and the seventh day after the birth of the child, and shall be filed in the office of the Commissioner of Health, or in the office of the Registrar of Vital Statistics, immediately upon the birth of the child, and within the period above mentioned, any such person who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Full name *Joseph John Maisch* (ver 1)
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Third child*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Nov. 9th 1894*
 4. Place of Birth, (Street and Number) *1007 N. Falls*
 5. Full Name of Mother, *Klara M. Maisch*
 6. Mother's Maiden Name, *Smith*
 7. Mother's Birthplace, *Balto. Md.*
 8. Full Name of Father, *Jos. A. Maisch*
 9. Father's Occupation, *Tailor*
 10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Francis A. Staver M.D.*
Address, *439 N. Central Avenue.*
Remarks, *18940005771*

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month in which the child was born, and shall be submitted to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of the month, the practitioner shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each return to be recovered in other fine and forfeitures are recoverable.

RETURN OF A BIRTH. 60928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 18/94

4. Place of Birth, (Street and Number) #634 Hanover Street Balt.

5. Full Name of Mother, Yetta S. Sharp

6. Mother's Maiden Name, Yetta Singer

7. Mother's Birthplace, Russia

8. Full Name of Father, Moris S. Sharp

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, #44 E. York Street Balt.

Remarks, 18940005772

RETURN OF A BIRTH. 60930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jahn Henry Roemer
3

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

K. L. C.

3. *Date of Birth,*

10th November 1894

4. *Place of Birth, (Street and Number)*

1837 Ramsey et al

5. *Full Name of Mother,*

Mary Roemer

6. *Mother's Maiden Name.*

of human

7. *Mother's Birthplace.*

Germany

S. *Full Name of Father,*

John Roemer

9. *Father's Occupation.*

I love a paper

10. *Father's Birthplace.*

Germany

Name of Medical Attendant, or other person who makes this Return.

Mr. Bangs.

Address,

711. 21. 6. 10. 2. 1

Remarks.

GIVEN NAME ADDED

12-11-57

74

RETURN OF A BIRTH. 60931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10th

4. Place of Birth, (Street and Number) 931 Beruan St

5. Full Name of Mother, Ann Fiegler

6. Mother's Maiden Name, Annie Fiegler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sheehard Trubheim

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Emsthausen Germany

Name of Medical Attendant, or other person who makes this Return, Wm Bangel

Address, 711 E. Green Street

Remarks,

18940005775

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, -

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Therein, the law schedule shall contain a list of the births which have occurred under the act of her country during the preceding month, and shall set forth as far as possible the occupation of the parents, the date and place of birth, and the names of the children. The law schedule shall be delivered daily by the physician in the place of birth, to the clerk of the third day of each and every month to the precinctor in the place of birth. In case the birth of any child shall occur without the other, immediately thereafter, it shall become the duty of the period above required, and the precinctor shall report its birth to the Comptroller of the State, and shall be liable to report its birth to the Comptroller of the State, to comply with the provisions of this section, shall be liable to such person or persons, for each and every such failure, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 11, 1894.

4. Place of Birth, (Street and Number) 922 Bolton St.

5. Full Name of Mother, Alice M. Smith

6. Mother's Maiden Name, Alice M. Farnham

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, James E. Scott

9. Father's Occupation, *Cowherman*

10. Father's Birthplace, *Moore Co. Md*

Name of Medical Attendant, or other person who makes this Return, James C. Chase

Address,

Remarks, _____

8 9 4 0 0 0 5 7 7 7

[illegible]

RETURN OF A BIRTH. 60934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 & later

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 13/1944

4. Place of Birth, (Street and Number) #618 E. Charles Street Baltimore

5. Full Name of Mother, Mary Lipinski

6. Mother's Maiden Name, Maria Walle

7. Mother's Birthplace, Russia

8. Full Name of Father, Robert Linsen

9. Father's Occupation Furniture Store

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other person who makes this Return. Miss Lena Barber

Address, 644 E. York Street Phila.

Remarks,

[illegible]

RETURN OF A BIRTH. 60933-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other person who
makes this Return

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 60936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, November 13th 1894

4. Place of Birth, (Street and Number) 1202 N. Wolfe St

5. Full Name of Mother, Mrs. Mary Lee

6. Mother's Maiden Name, Mary Jones

7. Mother's Birthplace, Virginia

8. Full Name of Father, Allen Lee

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, of other person who makes this Return.

Address,

Remarks,

Lucius M. Gundry M.D.
2134 E. Baltimore St.

1 6 9 4 0 0 0 5 7 8 0

reg. a or of each birth, and shall enter the same on blank schedule, to be made, and keep a true and correct month, and shall set forth as far as the schedule may require, the full name of each child, (if any shall be born), its sex, color, the full name and occupation of the mother, the date and place of birth, and the day of each, and delivered, duly signed by the practitioner in the form of a certificate, when the first and shall occur without the attendance of a midwife, or should no other person be present, when the child shall be born, and immediately thereafter, it shall be the duty of the practitioner to cause the child to be registered, and to the Commissioner of Health, in the manner and within the time and under the penalty hereinafter required, and any such person or persons who fail to comply with the provisions of this section are liable to be fined and forfeited to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... Nov 14 1904

4. Place of Birth, (Street and Number)..... 1841 Frederick Ave

5. Full Name of Mother,..... Mrs. Emma H. Mosher

6. Mother's Maiden Name,..... " Hadley

7. Mother's Birthplace,..... Trenton N. J.

8. Full Name of Father,..... Harvey Mosher

9. Father's Occupation,..... Carpenter

10. Father's Birthplace,..... Penna.

Name of Medical Attendant, or other person who makes this Return,..... T. C. Worthington

Address,..... 840 W. Fayette St.

Remarks,..... 60937

Ames

Name: Irvin Green | 1907



- mal,

white

November 14th 1894

1815 Lannale 22.

Annie H. Kroll

[illegible]

Batu cih

Frederick A. Knell

Foreman, Carpel Factor

Bathinus cili-

J. Harvey Holt, M.D.

807 S. Arlington Ave.

8 9 4 0 0 0 5 7 8 2

RETURN OF A BIRTH. 60939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 14 - 1894

4. Place of Birth, (Street and Number) 408 Turner Place

5. Full Name of Mother, Ellen Duff

6. Mother's Maiden Name, " McKim

7. Mother's Birthplace, Old Ireland

8. Full Name of Father, Chas Duff

9. Father's Occupation, Labor

10. Father's Birthplace, Old Ireland

Name of Medical Attendant, or other person who makes this Return, Susan E. Bailey

Address, # 8 - Talbot St

Remarks, Waverly Balt City

18942005783

RETURN OF A BIRTH. 60940
 Vital Statistics Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 male or female Male

1. Sex, (state whether male or female) Male
 2. Color of the white race white

2. Race or Color: (if not of the white race) white

3. Date of Birth, 14 November 1898, *female*
(First and Number) Columbia 802

4. Place of Birth, (Street and Number) Columbus St
Albany Texas

4. Place of Birth, (Street and No.) Abertine Texas
5. Full Name of Mother, Abertine Bell

5. Full Name of Mother, Abertine S. Williams
6. Mother's Maiden Name, Carman

6. Mother's Maiden Name, *Germanica*
7. Mother's Birthplace, *Alberts*

7. Mother's Birthplace, Switzerland
8. Full Name of Father, Albert L. Jones
the writer

8. Full Name of Father,
9. Father's Occupation, Teacher
Classroom

9. Father's Occupation, *Germanian*
10. Father's Birthplace, *Germanian*

10. Father's Birthplace, *England*
Name of Medical Attendant, or other person who makes this Return, *Wm. Bangs*
711 Cross St.

Name of Medical Attendant, _____ 711 E. 1st St. H
Address, _____ 6-2-5-7-8-4

Address, _____
Remarks, _____ 1 6 9 4 0 0 0 5 7 8

[illegible]

RETURN OF A BIRTH. 60941 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 15th 1894

4. Place of Birth, (Street and Number) 1110 W. Pratt St.

5. Full Name of Mother, Julia S. Kuntz

6. Mother's Maiden Name, Julia Shanahan

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Otto Kuntz

9. Father's Occupation, Salesman

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other person who makes this Return, Thos. P. M. Cornuek M.D.

Address, 1721 Eutan Place

Remarks, 18940005785

RETURN OF A BIRTH. 10942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3

1. Sex, (state whether male or female)-----

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant _____

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In the manner and within the time specified, any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th

4. Place of Birth, (Street and Number) Lombard st 635

5. Full Name of Mother, Mary Burg

6. Mother's Maiden Name, Mary M. Anderson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Joseph Burg

9. Father's Occupation, Leatherer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm B. B. B.

Address, 711 E. 11th St.

Remarks, 1894 0005787

Health, and shall set forth as far as the same can be ascertained, the date and place of birth; and the sex, color, the first name and occupation of its parents, the date and place of birth; and the date and place of birth of the child. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother shall be liable to a fine of ten dollars for each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each child, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH.

60944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th Nov., 1894

4. Place of Birth, (Street and Number) No. 1110 Bowen St.

5. Full Name of Mother, Louise Serbe

6. Mother's Maiden Name, " " Malke

7. Mother's Birthplace, Lissen a. d. Germ.

8. Full Name of Father, Wilhelm Serbe

9. Father's Occupation, Carpenter

10. Father's Birthplace, Fichtenberg Germ.

Name of Medical Attendant, or other person who makes this Return, Mrs. C. M. Bischoff

Address, 1780 Cross St.

Remarks, 18940005788

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. J. C. Dulany Co., City Printers and Stationers.

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).

3. *Date of Birth*, 2 November)

4. *Place of Birth, (Street and Number)--*

5. Full Name of Mother,---

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*—

8. Full Name of Father,---

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, 4000 5790

Remarks, CT 394 UU

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the full name of each child, if any shall have been born, the date and place of birth, the date and place of death, if any shall have died, the sex, the race or color, the date and place of delivery, the name of the practitioner in the case of a child born in the hospital, the name of the practitioner in the case of a child born elsewhere, the name of the mother, immediately thereafter it shall become the duty of the practitioner to report the birth of the child to the Registrar of Vital Statistics, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 17th 1894

4. Place of Birth, (Street and Number) N 303 Sterrett St

5. Full Name of Mother, Mary Jane Lee

6. Mother's Maiden Name, Mary Jane Clarke

7. Mother's Birthplace, Balto Md

8. Full Name of Father, James E. Lee

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 E. 2nd St

Remarks, 1 8 9 4 0 0 0 5 7 9 1

RETURN OF A BIRTH. 60949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Nov - 17 - 94
 4. Place of Birth, (Street and Number) 1268 Argonaut St
 5. Full Name of Mother, Martha Rose Hannah Hodgkin
 6. Mother's Maiden Name, Martha Rose Hannah Griffith
 7. Mother's Birthplace, Virginia
 8. Full Name of Father, Charles Hodgkinson
 9. Father's Occupation, Wagon Driver
 10. Father's Birthplace, England
 Name of Medical Attendant, or other person who makes this Return, Mr. Beasly
 Address, 711 Carn St.
 Remarks, 18940005793

This schedule shall contain a list of the births which have occurred within his or her care during the month, and shall be filled out by the practitioner in the form of a certificate of birth, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, on or before the third day of the month following the month in which the birth occurred. In case the birth of any child occurs on the third day of the month, the practitioner shall file the certificate of birth in the office of the Registrar of Vital Statistics, Baltimore City, on or before the fifth day of the month. The provisions of this section shall be applicable to the births of children who shall hereafter fall to be reported as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 November
4. Place of Birth, (Street and Number) 1307 Andrew St.
Hosoothal
5. Full Name of Mother, Maurer
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Aug. Thal
8. Full Name of Father, Labbas
9. Father's Occupation, Germany
10. Father's Birthplace, D. Hoffmann
- Name of Medical Attendant, or other person who makes this Return.

Name of Medical Attendant, or other person who makes this Return.
Address, 1331 4th St. Locust Point.

Remarks.

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 of November 1894

4. Place of Birth, (Street and Number) 14 N Chapel St.

5. Full Name of Mother, Marie Epifany

6. Mother's Maiden Name, Marie Steindel

7. Mother's Birthplace, Germany

8. Full Name of Father, Johann Epifany

9. Father's Occupation, Scholar

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Kille

Address, 207 N. Castle St

Remarks, 11-11-8940005795

mon" and the birth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) in section, the full name and occupation of its parent, the date of its birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report the same to the office of the Commissioner of Health, and the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *let 80 3*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *30th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Apr. 5 94*
4. Place of Birth, (Street and Number) *231 S. Washington*
5. Full Name of Mother, *Mrs. Mary Ann Kelly Heine*
6. Mother's Maiden Name, *Mrs. Kelly*
7. Mother's Birthplace, *Baltimore, Md. Ireland*
8. Full Name of Father, *Fredrick Bernard Heine*
9. Father's Occupation, *Manufact. of Vinegar*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other person who makes this Return, *G. G. Kim a Child*
- Address, *2000 E. Baltimore*
- Remarks, *Forceps delivery*

18946005796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, November 14

4. Place of Birth, (Street and Number) 193 Madison St

5. Full Name of Mother, Caroline Barton

6. Mother's Maiden Name, Caroline Reid

7. Mother's Birthplace, Shenandoah Co. Va.

8. Full Name of Father, John Bullen

9. Father's Occupation, Laborer

10. Father's Birthplace, Eastern Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. DeLoach

Address, 414 North St.

Remarks, Dr. J. C. DeLoach

2 4 4 0 0 0 5 7 9 7

RETURN OF A BIRTH. 60958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2.. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

940005798

Wm. J. C. Duffy Co., City Printers and Stationers.

RETURN OF A BIRTH. 60959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Male

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race) -

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*.....

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address: _____

Address, _____

Remarks, _____

[illegible]

RETURN OF A BIRTH *60960*
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

1 2 9 4 0 0 0 5 8 0 0

[illegible]

60961

Health. This schedule shall contain a list of the birth(s) which have occurred under his or her care during the month, intended to set forth the date of birth, the name of the child, the date and place of birth, and the date and place of the last medical examination. The schedule shall be signed by the physician, the date and place of birth; and the date and place of the last medical examination shall be entered in the space provided for each birth. The schedule shall be completed by the physician or practitioner of midwifery, or by another person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child to report its birth in the Commissioner's office to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

5. 北

Male

te race)....

Mon 20th / 94

er) NO 627 All changed

Francis Grindel

Schwarz

Germany

Phillip Brädel

Garner

Germany

Mr L Gross

No. 1907 E. Monument St.

1 2 3 4 5 6 7 8 9 10

50962

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the children, the date of birth, the sex, color, the full name and occupation of the parents, the date and place of birth, and the date of death, if any, of the child, and shall be signed by the practitioner in the form of a certificate between the first and third day of the month following the birth of the child, and shall be filed in the office of the health officer. No birth shall occur without the attendance of a physician or practitioner of midwifery, or without the attendance upon the mother immediately thereafter. It shall become the duty of the person or persons of such a character as to be subject to the provisions of the act above required, and of any such person or persons who shall hereafter fail to comply with the provisions of the act above required, to pay to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(4) fourth male.

Male

White

November 20th 1894

No 2218 Division St

Annie V. D. Warfield

Annie M. D. Munroe

Churchville Baltimore County Md

Howard T. G. Warfield

Carpenter

Granite Baltimore County Md

or other person who
makes this Return.

Mrs Mary J. Shockney

731 Hamberland St

9 4 0 0 0 5 8 0 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 18 / 1894*

4. Place of Birth, (Street and Number), *1100 Bowen St.*

5. Full Name of Mother, *Catharine Margret Dederer*

6. Mother's Maiden Name, *Sittig*

7. Mother's Birthplace, *Balto. Co. Md.*

8. Full Name of Father, *Christian F Dederer*

9. Father's Occupation, *Baker*

Birthplace, *Germany*

Medical Attendant, or other person who makes this Return, *H. W. McKner M.D.*

723 N. Lombard St.

Breese Presentation

Stationed

2940025803

RETURN OF A BIRTH. 60963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: ~~Harry Pindall~~ William S.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Nov 20th 1894

4. Place of Birth, (Street and Number)

#2633 Franklin St

5. Full Name of Mother,

Mrs Eugenia Pindall

6. Mother's Maiden Name,

Mrs Smith

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Harry Pindall Pindall

9. Father's Occupation,

Labor

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

#2127 W Pratt

Remarks,

2940005804

This schedule shall be made out for every birth which has occurred under his or her care during the month and shall be filed forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, his sex, color, the full name and occupation of his parents, the date and place of birth, and the date and place of registration of the birth, and the name of the physician or practitioner of midwifery, or at the birth of any child shall occur without the attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if he or she shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 60964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant,

or other person who makes this Return.

Address,

Remarks,

1 2 9 4 0 0 0 5 8 0 5

RETURN OF A BIRTH. 60965-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-----Male

2. Race or Color, (if not of the white race) White

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 2 9 4 0 0 0 5 8 0 6

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: HENRY J. Schutte

Name: HENRY J. SCHMIDT
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,* .

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other person who
makes this Return.

Address,

Remarks,

9 4 0 0 0 5 8 0 7

[illegible]

RETURN OF A BIRTH.

60967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 21/94

4. Place of Birth, (Street and Number)

206 N. Bway

5. Full Name of Mother,

Agnes C. Mitchell

6. Mother's Maiden Name,

Agnes C. Hammond

7. Mother's Birthplace,

Bald. Md.

8. Full Name of Father,

Wm. A. Mitchell

9. Father's Occupation

Clerk

10. Father's Birthplace,

Bald. Md.

Name of Medical Attendant, or other person who makes this Return

J. S. Loring M.D.

Address,

700 S. Loring

Remarks,

130760 35858

been conferred the sex, color, the full name and occupation of his parents, the date and place of birth, and the date of delivery, and the name of the medical attendant, or other person who makes this Return, shall be entered in the birth record. In case the birth of any child shall occur without the attendance of a medical attendant, or practitioner of midwifery, or shall occur within the third day of each and every month to the office of the Registrar of Vital Statistics, the provisions of this section shall be applicable to the child so born. Any person or persons who shall be guilty of an offence to be recovered as other fines and forfeitures are recoverable, shall be liable to the fine of ten (\$10) dollars for each offence.

RETURN OF A BIRTH.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

2. Race or Color,
3. Date of Birth.

3. Date of Birth,

4. Place of Birth, (Street and Number) *Ma*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father.

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks

94005810

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name of its parents, the date and place between the first and second child, and the date and place between the birth of any child and the birth of the next child. In case the birth of any child shall be reported to the office of the Commissioner of Health, and no other person shall be present at the birth, the physician or midwife, or other person present at the birth, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60969½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 21st 1894
4. Place of Birth, (Street and Number) 2020 Wilhelm St
5. Full Name of Mother, Mary Middendorf
6. Mother's Maiden Name, Maassen
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhard Middendorf
9. Father's Occupation, Buchmacher
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Wm Gombel M.D.
Address, 837 W. Fay St
Remarks, 440005811

RE TURN OF _____ in the City of Baltimore

TO THE COMMISSIONER OF THE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) white

3. Date of Birth, 21st Nov.

3. Date of Birth, 21 Dec 1968
4. Place of Birth, (Street and Number) No. 1568 Ridgely Rd Augusta, Georgia

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Augusta Verne
Wings

5. Full Name of Mother, Augusta Wings
6. Mother's Maiden Name, Netemussen

6. Mother's Maiden Name, Postprussien Germ.
7. Mother's Birthplace, St. Louis, Mo.

7. Mother's Birthplace, _____
8. Full Name of Father, Charles Warner

8. Full Name of Father, Charles
9. Father's Occupation, Stone cutter

9. Father's Occupation, None
10. Father's Birthplace, Prussia Germ

10. Father's Birthplace, *Westphalia, Germany*
Name of Medical Attendant, *or other person who makes this return.* *Mrs. A. H. Bischof*

Name of Medical Attendant, or other person who makes this return.

Name of Medical Association _____
Address, _____ *780 Cross Str.*

Remarks, 2 9 4 0 0 0 5 8 1 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 60971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd* *10/12/20*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *11-21-94*
 4. Place of Birth, (Street and Number) *2028 N. Calvert St.*
 5. Full Name of Mother, *Mary Elizabeth Lassell*
 6. Mother's Maiden Name, *Reilly*
 7. Mother's Birthplace, *New York*
 8. Full Name of Father, *William Lassell*
 9. Father's Occupation, *Business Manager*
 10. Father's Birthplace, *Maryland*
 Name of Medical Attendant, *Miss L. A. Dady*
 Address, *510 Madison Ave. City*
 Remarks, *12940005813*

RETURN OF A BIRTH *60972*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 22 '94*

4. Place of Birth, (Street and Number) *1216 Jackson St*

5. Full Name of Mother, *Annie Weber*

6. Mother's Maiden Name, *Annie Dietrich*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ferdinand Weber*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Wm. Clyde Burns, M.D.*

Address, *1126 E. Fayette St*

Remarks, *2940005814*

RETURN OF A BIRTH. 60973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Nov 22nd 94*

4. Place of Birth. (Street and Number) *# 628 Dover St*

5. Full Name of Mother, *Masse Einar*

6. Mother's Maiden Name, *Masse Osofoctovitz*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Masse Einar*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Wmth Rabinowitz M.D.*

Address, *105 W. Carroll*

Remarks, *2 9 4 0 0 0 5 8 1 5*

been conferred) its sex, color, the full name of each child, if any shall have been born to the mother, the date and place of birth, and the occupation of its parents, the date and place of birth of the mother, and the day of each and every month to the office of the Commissioner of Health, or of a physician or practitioner of midwifery, or of a nurse, or of a person be in attendance upon the mother, or of a person be in attendance upon the child to report its birth to the Commissioner of Health, and within the time and within the limits above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-8-39
RETURN OF A BIRTH. 60974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Thomas Booth
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 22nd 1894
4. Place of Birth, (Street and Number) 22 W. 1st St.
5. Full Name of Mother, Ida Booth
6. Mother's Maiden Name, Ida Lappington
7. Mother's Birthplace, Annapolis, Md.
8. Full Name of Father, James E. Booth
9. Father's Occupation, Arranger
10. Father's Birthplace, Baltimore City
Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Jones
Address, 1234 N. 1st St.
Remarks, 9400058150920-20

RETURN OF A BIRTH.

60975

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 23rd 1894

4. Place of Birth (Street and Number)

110 E. Bond St.

5. Full Name of Mother

Mary ~~Kohlman~~ Harlow

6. Mother's Maiden Name

Mary Kohlman

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Chas M. E. Hartman

9. Father's Occupation

Upholsterer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm M Hill M.D.
1435 E Baltimore St

Address

Remarks

2940005817

RETURN OF A BIRTH. 60976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd

1. Sex, (state whether male or female). *Male*

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race). Colored

3. Date of Birth. 11-23-94

3. Date of Birth, 11-20-17
4. Place of Birth, (Street and Number) 444 Biddle St.
B B

5. Full Name of Mother, Lena Bell

6. Mother's Maiden Name, Lena Johnson

6. Mother's Maiden Name, James
7. Mother's Birthplace, Maryland

7. Mother's Birthplace, *W. Va.*
8. Full Name of Father, *John Bell*

8. Full Name of Father, James A. Baker
9. Father's Occupation, Boxing Packing

10. Father's Birthplace, Maryland

10. Father's Birthplace, France
Name of Medical Attendant, Miss L. A. Dady or other person who makes this Return, Miss L. A. Dady

Name of Medical Attendant, makes this Return. *Dr. J. C. Madison*
Address. *210 Madison Ave. City*

Address.

Remarks.

1 2 9 4 0 0 0 5 8 1 8

any person, shall be taken as the same can be ascertained the full name of each child off any child have been conferred, his sex, color, the full name and occupation in the date and place of birth, and the age and date of birth of each child, shall be delivered to the office of the Commissioner of Health, in the manner and within the time specified upon the certificate, and the person who fails to comply hereafter with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 60978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

Lucrenia Josephine Hall

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) — C. Race

2. Race or Color, (if not of the white race) — W

3. Date of Birth, — Nov 24 1876

3. Date of Birth, 1900-11-10
4. Place of Birth, (Street and Number) 1000 1/2 St. N. W. Wash. D. C.

4. Place of Birth, (Street and Number) _____ Fannie Hall
5. Full Name of Mother, _____ Fannie Hall

5. Full Name of Mother, Harriet Louise
6. Mother's Maiden Name, Bo

6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____

7. Mother's Birthplace, Long Hill
8. Full Name of Father, James H. Hill

8. Full Name of Father, Yoani
9. Father's Occupation Ref

9. Father's Occupation.....
10. Father's Birthplace,.....

10. *Father's Birthplace,* _____
Name of Medical Attendant, _____ *or other person who makes this Return.* *James E. Bailey*

Name of Medical Attendant, or other person making this Return. A. O. B. T. Col. 34
Address. 17 1/2 St. 23 St.

Address, Waverly Boston City
Remarks, 2940005820

Remarks, 2940005820

60 979

[illegible]

1 rest

Male

White

Nov 24th 1894

533 Fremont ave

Josephine H Steimreier

Josephine H Bean

Batlinore M. d

Daniel Steimmer

Fruit dealer

Pennsylvania

Dr. E. W. Kennard

708 Ensor street

Well developed

weight 40 8 1/4 5 1/8 2 1/2

RETURN OF A BIRTH. *60980*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *18th*
 4. Place of Birth, (Street and Number) *Baltimore Stationers at 1232*
 5. Full Name of Mother, *Amie Mary Meany Banning*
 6. Mother's Maiden Name, *Amie*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *William Thomas Banning*
 9. Father's Occupation, *Sabotier*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Samson Mattus*
 Address, *1218 Bayard street*
 Remarks, *1 - 9 4 0 0 5 8 2 2*

RETURN OF A BIRTH. 60987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 19th 1894

4. Place of Birth, (Street and Number) No 21 Front Hill Ave

5. Full Name of Mother, Addie West

6. Mother's Maiden Name, Addie Nicholson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Kratz

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, - 4 4 0 0 0 5 8 2 3

been conferred its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered to the Registrar of Vital Statistics, Baltimore City, within the third day of the month following the birth of the child, or, if the child is born on the third day of the month, within the fourth day of the month following the birth of the child. Any person who fails to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offense, to be recovered in other lines and forfeitures are recoverable.

OPEN PAGE ADDED 2-23-55
 RETURN OF A BIRTH. 60982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Llewellyn Brooks Griffiths Jr
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) M

1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Nov 16 - 94
 4. Place of Birth, (Street and Number) 827 W. Arlington Ave
 5. Full Name of Mother, Clara F Griffiths
 6. Mother's Maiden Name, " Greebe
 7. Mother's Birthplace, New York
 8. Full Name of Father, Chas C. Griffiths
 9. Father's Occupation, Minister
 10. Father's Birthplace, W. Va.
- Name of Medical Attendant, or other person who makes this Return, J. M. Hensley
- Address, 1022 Ed. Ave.
- Remarks, - 4 0 0 0 5 8 2 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of registration of the birth. In case the birth of any child is reported to the Registrar of Vital Statistics by a person other than the parent, the Registrar shall require the person reporting the birth to state the name and occupation of the parent, and the date and place of birth of the child. In case the birth of any child is reported to the Registrar of Vital Statistics by a person other than the parent, the Registrar shall require the person reporting the birth to state the name and occupation of the parent, and the date and place of birth of the child. In case the birth of any child is reported to the Registrar of Vital Statistics by a person other than the parent, the Registrar shall require the person reporting the birth to state the name and occupation of the parent, and the date and place of birth of the child.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person attending the birth of such child shall be liable to a fine of ten dollars for each offense, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 17, 1894

4. Place of Birth, (Street and Number)

1216 N. Calvert St.

5. Full Name of Mother,

Virginia White

6. Mother's Maiden Name,

Virginia Boucal

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Wm. White, Jr.

9. Father's Occupation,

Gentleman.

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Howard A. Kelly

Address,

1406 Eulaw Place, Balto.

Remarks,

44005825

RETURN OF A BIRTH. 60984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 17, 1894

4. Place of Birth, (Street and Number) 1715 N. Calvert

5. Full Name of Mother, Elizabeth Heyward

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Balt. Co.

8. Full Name of Father, Wm. P. Heyward

9. Father's Occupation, Banker

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Jas. M. Leraachill

Address, 11730 N. Charles St.

Remarks, 2 9 4 0 0 0 5 8 2 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 Sex Male

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the same race or color as the person with whom the child was found) *White*

3. Date of Birth, *Nov. 18th 1894* *2040 Mura st*
Elizabeth Emma

3. Date of Birth, Nov. 12 Elizabeth Beumer

4. Place of Birth, (Street and Number) Ed. 1st Beumer

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Elizabeth Bauer
Elizabeth Under

5. Full Name of Mother, Elizabeth Tucker
6. Mother's Maiden Name, Elizabeth Tucker

6. Mother's Maiden Name, Oliver
7. Mother's Birthplace, Balto. City
Robert

7. Mother's Birthplace, Idaho
8. Full Name of Father, Robert H. Coomer
beam maker

8. Full Name of Father, John
9. Father's Occupation, Car maker
Balto. City

9. Father's Occupation, Balto. City
10. Father's Birthplace, E. A.

10. Father's Birthplace, *E. B. Newby, M.D.*
Name of Medical Attendant, or other person who makes this Return, *1710 W. Caroline St.*

Name of Medical Attendant, _____
Address, 1219 N. Caroline st.

Address, _____
Remarks, _____ 1 2 9 4 0 0 0 5 8 2 7

[illegible]

RETURN OF A BIRTH. 60986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Augusta Thurston

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov 20. 94

4. Place of Birth, (Street and Number) 1516 John St

5. Full Name of Mother, Mitchie Thurston

6. Mother's Maiden Name, Kidd

7. Mother's Birthplace, Pa

8. Full Name of Father, Julius Thurston

9. Father's Occupation, Salesman

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, J. M. Hootley

Address, 1002 2d Ave

Remarks, CITY NAME ADDED. 6-24-52

940005828

60987

[illegible]

9.

- Female

- Colored

- # 206. J. Bethel St.

- November 29, 1894

- Oliver James Young

- 11 *Ag. 1801*

- Baltimore Md

- Harbor Ferry, Conn.

- Charles Lee

- 10-10-1950

- Mar. 20

- Hasan, 26 papers

1902. 10. 1. Purham St.

4 4 0 0 0 5 8 2 9

RETURN OF A BIRTH. 60989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth. *23 of Nov 1894*

4. Place of Birth, (Street and Number) *2024 E. Pratt St*

5. Full Name of Mother, *Sadie R. Henderson*

6. Mother's Maiden Name, *Hays*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Joseph, Edward Henderson*

9. Father's Occupation *Manufacturing*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Dr. A. D. Darnley - assistant*

Address, *2024 E. Pratt St. Baltimore*

Remarks, *Not fair - wale & i work*

said schedule shall be delivered, duly signed by the practitioner in the form of certificate, to the Registrar of Vital Statistics, Baltimore City, and the fee of each and every such certificate shall be paid by the practitioner at the time of its delivery. If the practitioner fails to comply with the provisions of this section, he shall be subject to the penalty of a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 7/7/73

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board
NAME: ARTHUR JEROME PAINE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

S. ~~Full~~ Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, _____

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

[illegible]

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the period above required, and the physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person attending the child to report in this section shall be subject to the fine of ten dollars for each offense, to be recovered in either case.

RETURN OF A BIRTH. 60981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 -

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 25 - 1894

4. Place of Birth, (Street and Number) 37 S. Washington St

5. Full Name of Mother, Sophie Boldbeck

6. Mother's Maiden Name, Sophie Niemann

7. Mother's Birthplace, Ott

8. Full Name of Father, J. H. Boldbeck

9. Father's Occupation, Manager

10. Father's Birthplace, City P. E. Muschinski

Name of Medical Attendant, or other person who makes this Return,

Address, 1729 E. Baltimore St

Remarks, - 9 4 0 0 5 8 3 3

RETURN OF A BIRTH. 60 992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

25th Nov

4. *Place of Birth, (Street and Number)*

25-09. Francis St

5. *Full Name of Mother,*

Lillie Barnard

6. *Mother's Maiden Name,*

Lillie. Ossett

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Howard Barnard

9. Father's Occupation

Conflictor

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant

or other person who makes this Return, Mrs. C. Paulatich

Address:

2859, St. Fulton Avenue

Remarks.

940005834

Each child, by age seven, shall have a birth certificate and a Social Security card. The birth certificate shall be signed by the father, the mother, the child, the physician, the nurse, the midwife, or the health officer. The Social Security card shall be signed by the father, the mother, the child, the physician, the nurse, the midwife, or the health officer. The birth certificate shall be filed with the health officer and the Social Security card shall be filed with the Social Security Administration. The birth certificate shall be a permanent record and shall be available to the public. The Social Security card shall be a permanent record and shall be available to the public. The birth certificate shall be a permanent record and shall be available to the public. The Social Security card shall be a permanent record and shall be available to the public.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or in any case of stillbirth, or should no other person be in attendance upon the birth of a child, the person or persons attending the birth shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 60 994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 25/94
4. Place of Birth, (Street and Number) Black st/ no 1440
5. Full Name of Mother, Juliana Mazana
6. Mother's Maiden Name, Medhen Chge
7. Mother's Birthplace, Poland
8. Full Name of Father, Nicholas Chge
9. Father's Occupation, Poland
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Agnes Stodolna
- Address, James st: No 1635
- Remarks, 2 9 4 0 0 5 8 3 6

in corrected, in sex, color, name, and occupation, in the form of a certificate between the first and third day of each month, duly signed by the Registrar, and filed in the office of the Commissioner of Health. In case the birth of any child is reported to the Registrar by a person other than the mother, or by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the Registrar to require the attendance of a physician or practitioner of midwifery, and to report its birth to the Commissioner of Health, who shall thereupon cause a certificate to be made, and the Registrar shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *25th of November 1894*
4. Place of Birth, (Street and Number) *1942 Hanover st. City*
5. Full Name of Mother, *Barbara Doetich*
6. Mother's Maiden Name, *Barbara Paulus*
7. Mother's Birthplace, *Germany Bavaria*
8. Full Name of Father, *Michael Doetich*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Bavaria Germany*
- Name of Medical Attendant, or other person who makes this Return, *the Annie M. Geller*
- Address, *1703 Hanover st Baltimore City*
- Remarks,

1 - 9 4 0 0 5 8 3 7

been conferred, his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, to the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, and the mother or father of such child fails to comply with the provisions of this section, he shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th Nov
4. Place of Birth, (Street and Number) 2405 Francis St
5. Full Name of Mother, Lucinda Thiser
6. Mother's Maiden Name, Lucinda Booker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jesse Thiser
9. Father's Occupation, Not known
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. C. Paulstick
- Address, 9859 N. Fulton Avenue
- Remarks, 1 - 440005838

RETURN OF A BIRTH ⁶⁰⁹⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Primipara

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1207 W Lexington St

4. Place of Birth, (Street and Number)

Nov 26 1894 3 AM

5. Full Name of Mother,

Emma Heilmüller

6. Mother's Maiden Name,

Emma Opine

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Chas E Heilmüller

9. Father's Occupation,

Lithographer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Art Saxton MD

Address,

1136 W Lexington St

Remarks,

Partial, Essential, pruric

1-440005839

any such person who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 60998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return,

This certificate shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, to the Commissioner of Health, in the manner and within the time specified above. It shall become the duty of the practitioner, in the manner and within the time specified above, to deliver to the Commissioner of Health, in the manner and within the time specified above, a statement of the birth of each child, and to deliver to the Commissioner of Health, in the manner and within the time specified above, a statement of the death of each child. Any person or persons who fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered in a civil action, and the same shall be recoverable.

60999

4th.

Male

W. Lute

Nov. 26. 94.

1918

Entire Place.

Number) 1918 Calcutta
Grace V. Buckingham

Grace V. Lanchb

York Pa.

York Pa.
William A. Buckingham

Merchants

York Pg

Pa
James C. Clarke M.D.
1025 Madison Ave

1025 Madison Ave

940005841

1944, J. C. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. (6100)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every day of each and every month in the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, midwife, or other person, or should no other person be in attendance upon the birth of a child, the duty of the person or persons attending and assisting in the birth of the child shall be to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section. The person or persons attending and assisting in the birth of a child shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child
Girl

1. Sex, (state whether male or female)

White Race

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born Nov 26th 1894

4. Place of Birth. (Street and Number)

18 Hollins St

5. Full Name of Mother,

Mrs. Pauline Kering

6. Mother's Maiden Name,

Miss " Keller

7. Mother's Birthplace,

Saxon Germany

8. Full Name of Father,

Franz Kering

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Saxon Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

No 2 Henry St

Remarks,

1 - 9 4 0 0 0 5 8 4 2

third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report to birth to the Registrar of Vital Statistics, and if such person or persons fail to comply with the provisions of this act, they shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Herman W. Meyer

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 November 1894.

4. Place of Birth, (Street and Number) 1161 W. Hamburg St.

5. Full Name of Mother, Anna Meyer

6. Mother's Maiden Name, Anna Heuerbach

7. Mother's Birthplace, Eisenach German

8. Full Name of Father, Herman Meyer

9. Father's Occupation, Tailor

10. Father's Birthplace, Friedenthal German

Name of Medical Attendant, or other person who makes this Return, Mrs. Bang

Address, 711 N. G. St.

Remarks,

440005843

RETURN OF A BIRTH. 61002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) _____ *Female*
2. Race or Color, (if not of the white race) _____ *White*
3. Date of Birth, _____ *Monday Nov 27th 1904. (R. Ph)*
4. Place of Birth, (Street and Number) _____ *520 N. Monroe St*
5. Full Name of Mother, _____ *William Messer*
6. Mother's Maiden Name, _____ *W. J. Messer*
7. Mother's Birthplace, _____ *Baltimore*
8. Full Name of Father, _____ *Wm Edw Messer*
9. Father's Occupation _____ *Household*
10. Father's Birthplace, _____ *Frederic Md*

Name of Medical Attendant, or other person who makes this Return, John J. [illegible]

Address, 1000 14th St NW, Washington, DC 20004

Remarks, 940005844

[illegible]

RETURN OF A BIRTH.

61003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 27 1897*

4. Place of Birth, (Street and Number)

Greenmount Ave. 227

5. Full Name of Mother, *Mary Sutton*

6. Mother's Maiden Name, *Thackeray*

7. Mother's Birthplace, *Rockford*

8. Full Name of Father, *Thomas H. Sutton*

9. Father's Occupation, *Motor man*

10. Father's Birthplace, *Bath, Conn.*

Name of Medical Attendant, or other person who makes this Return, *George B. Reynolds*

Address, *1111 Calvert St.*

Remarks, *940005845*

RETURN OF A BIRTH. 61004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, _____ Cleveland Street 1133.

4. Place of Birth, (Street and Number) Cleveland Ohio
Mrs. Mary Perina

5. Full Name of Mother, Mrs. Mary Theresa Hlaska

6. Mother's Maiden Name, *Wm Mary*

7. Mother's Birthplace, Austria
110 Charles Perina

8. Full Name of Father, Mr. Charles

9. Father's Occupation, Day Laborer
Birthplace Baltimore

10. Father's Birthplace, Baltimore
 Medical Attendant, Shrs Ba or other person who makes this Return,

Name of Medical Attendant, makes this Return, 711

Address, _____

Remarks _____ 694000584

Remarks, 2 9 4 0 0 0 5 8 4

[illegible]

been conferred its sex, color, the person named by the practitioner in the form of a certificate, the said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons of such child to report its birth to the office of the Commissioner of Health, in the manner and within the time and sections above required, and the provisions of this act shall hereafter fail to comply with the provisions of the act, the person or persons so failing to report its birth to the office of the Commissioner of Health, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

61006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether ~~male~~ female)

2. Race or color, (if not of the white race)

3. Date of Birth, Nov 25/94

4. Place of Birth, (Street and Number) 1506 E. Oliver

5. Full Name of Mother, Mary Filuskey

6. Mother's Maiden Name, Witte

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Filuskey

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this return, A. Schunk Md.

Address, 1502 N. Bond St.

Remarks, _____

9 4 0 0 0 5 8 4 8

RETURN OF A BIRTH. 61008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28 1894

4. Place of Birth, (Street and Number) No 1428 S Charles St

5. Full Name of Mother, Sarah Ravell

6. Mother's Maiden Name, Sarah Claypole

7. Mother's Birthplace, Balt city md

8. Full Name of Father, John Ravell

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hanton

Address, No 15 Randal St

Remarks,

2940005850

RETURN OF A BIRTH. 61010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child
 1. Sex, (state whether male or female) 2. Twins Boys
 2. Race or Color, (if not of the white race) White Race
 3. Date of Birth, Born Nov 28th 1894
 4. Place of Birth, (Street and Number) # 1919 Frederick Ave
 5. Full Name of Mother, Mrs. Wilhelmina Perow
 6. Mother's Maiden Name, Miss " Koslokin
 7. Mother's Birthplace, Balto Md
 8. Full Name of Father, Francis. Brown
 9. Father's Occupation, Brakesman
 10. Father's Birthplace, Balto Md
 Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
 Address, No. 1 Henry St
 Remarks, 2740005852

In case the birth of any child shall occur without the attendance upon the mother of a duly licensed physician or midwife, or should no other person be present at the birth, the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Poland*

3. Date of Birth. *Nov 28th 1894*

4. Place of Birth, (Street and Number) *328 West 1st Alley*

5. Full Name of Mother. *Mary Queen*

6. Mother's Maiden Name, *Mary Queen*

7. Mother's Birthplace, *St. Mary's*

8. Full Name of Father, *Augustine Queen*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Canada*

Name of Medical Attendant, or other person who makes this Return. *Mary Queen 1899*

Address, *3940005853*

Remarks.

RETURN OF A BIRTH. 6/10/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Nov 29th 1894

4. Place of Birth, (Street and Number)

3 Stinson St

5. Full Name of Mother,

Mrs. Victoria Roos.

6. Mother's Maiden Name,

Miss " Goeller

7. Mother's Birthplace,

Bayern Germany

8. Full Name of Father,

Libman Roos.

9. Father's Occupation,

Labor

10. Father's Birthplace,

Bayern Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Hiller

Address,

No. 2 Henry St

Remarks,

2940005854

RETURN OF A BIRTH. 61613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 29th 1894

4. Place of Birth, (Street and Number)

819 Hollins St

5. Full Name of Mother,

Hannah Straufs

6. Mother's Maiden Name,

Hannah Selz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Abraham Straufs

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

H. Strickland

Address,

400 Cathedral St

Remarks,

18940005855

RETURN OF A BIRTH.

61014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov-29-94

4. Place of Birth, (Street and Number)

1824 Garford Ave

5. Full Name of Mother,

Lizzie R. Smith

6. Mother's Maiden Name,

" " Molins

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John P. Smith

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

* Name of Medical Attendant, or other person who makes this Return,

Mrs Mary R. Allwell

Address,

1438 N Bond St

Remarks,

16940005856

Third day of birth in every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, it shall become the duty of the person who has charge of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to pay the fee of ten dollars for each address, to be recovered as other dues and penalties are recoverable.

RETURN OF BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940005857

RETURN OF A BIRTH 61016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1540005858

in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such sex and age as are herein provided for to make a return of the birth of such child, and if any such person or persons shall fail to comply with the provisions of this section, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 29

4. Place of Birth, (Street and Number)

714 Osten St

5. Full Name of Mother,

Lizzie Callahan

6. Mother's Maiden Name,

Lizzie Hornsby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Callahan

9. Father's Occupation,

Laboar

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this return,

Mrs Bange

Address,

711 N. Broadway

Remarks,

6940005859

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should, in other cases, be attended by such person, he shall become and within the period above required, and child to report its birth to the Commissioner of Health, and shall be liable for each offence, to be recovered as other fines and penalties provided by law. If any person who is liable to the fine of ten dollars for each offence, to be recovered as other fines and penalties provided by law.

RETURN OF A BIRTH.

6/10/18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 21 1894

4. Place of Birth, (Street and Number) 1512 E. Federal

5. Full Name of Mother, Francis A. General

6. Mother's Maiden Name, " " Carter

7. Mother's Birthplace, City

8. Full Name of Father, William J. General

9. Father's Occupation, Prop. Manufacturer

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Ballou

Address,

Remarks,

1 8 9 4 0 0 0 5 8 6 0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*—

6. *Mother's Maiden Name,*—

7. *Mother's Birthplace,*...

8. *Full Name of Father.*

9. *Father's Occupation,*—

10. *Father's Birthplace,*—

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

MR. J. D. BULANTY CO CITY PRINTERS AND STATIONERS.

coming along very well

61020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1-31

1. Sex, (state whether male or female) Deceased
 2. Race or Color, (if not of the white race) White
 3. Date of Birth. 29th of November 94
 4. Place of Birth, (Street and Number) 2514 Frederick Road
 5. Full Name of Mother, Gottlieb Rückert
 6. Mother's Maiden Name, Gerttrud Bensing
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Georg Rückert
 9. Father's Occupation, Butcher
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return. Friederike 'Kantler' Widenfise
 Address, 2116 West Pratt St.
 Remarks, 6940005862

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child shall neglect to report its birth to the Commissioner of Health, or any person or persons who shall fail to comply with the provisions of this section shall be liable to a fine of not less than five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 61021
GIVEN NAME ADDED, 7/20/60
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Name: Johan W. Ferguson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M.

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 30 Nov. 1894.

4. Place of Birth, (Street and Number) 1413 Myrtle Ave.,

5. Full Name of Mother, Dallie P. Ferguson,

6. Mother's Maiden Name, Reed,

7. Mother's Birthplace, Balto. City,

8. Full Name of Father, J. Edgar Ferguson,

9. Father's Occupation, Police,

10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return. J. J. Doyle M.D.

Address, 1007 W. Truitt

Remarks, _____

8 4 4 0 0 5 8 6 3

RETURN OF A BIRTH. 61022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

1. Sex, (state whether male or female)..... Female
W.H.T

2. Race or Color. (if not of the white race) W. Ind.

3. Date of Birth, November 30

4. Place of Birth, (Street and Number) Baltimore, 1509 S. Conards St

5. Full Name of Mother, Frances Cecilia Ryan

6. Mother's Maiden Name, Frances Cecilia Albrecht

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Francis Ryan
Printer

9. Father's Occupation..... Farmer
Wilshire

10. Father's Birthplace, Washington
 11. Medical Attendant, or other person who
attended this Return Hattie Wood

Name of Medical Attendant, *Dr. J. H. ...* makes this Return.

Address, 800 Lexington St.

Remarks,

6 9 4 0 0 0 5 8 6 4

RETURN OF A BIRTH. 64023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940005865

RETURN OF A BIRTH.

61024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of any child, the mother immediately thereafter shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 30, 1894.

4. Place of Birth, (Street and Number)

42 4 Hickory ave.

5. Full Name of Mother,

Augusta Heil

6. Mother's Maiden Name,

Kelch

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Hill

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other person who makes this Return,

Chas. H. Mitchell M.D.

Address,

291 Chestnut ave.

Remarks,

6940005866

RETURN OF A BIRTH. 61025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)-

2. Race or Color. (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) 1111 1/2th Street

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

6 7 4 0 0 0 5 8 6 7

[illegible]

Within five days of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, the mother, or the person who shall become the duty of the person or persons of such child to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of five dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 20, 1894

4. Place of Birth, (Street and Number) 424 St. Balport

5. Full Name of Mother, Mary S. Keating

6. Mother's Maiden Name, Mary S. Driscoll

7. Mother's Birthplace, Virginia

8. Full Name of Father, Timothy J. Keating

9. Father's Occupation, Goldman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Theodore Brooke M.D.

Address, 914 St. Charles St.

Remarks, 8940005868

RETURN OF A BIRTH ⁶¹⁰²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *N 10th Thomas*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *1st November 1894*

4. Place of Birth, (Street and Number) *823 E Font Ave*

5. Full Name of Mother, *Elizabeth Scheelen*

6. Mother's Maiden Name, *Grill*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Scheelen*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Laborer*

Name of Medical Attendant, or other Person who makes this Return *Elizabeth Jewell*

Address, *436 E Font Ave*

Remarks,

8 9 4 0 0 5 8 6 9

RETURN OF A BIRTH. 61028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st of November 1894

4. Place of Birth, (Street and Number) 1438th Johnson St Lowest Point

5. Full Name of Mother, Irene Bowen

6. Mother's Maiden Name, Irene Rees

7. Mother's Birthplace, London Wales

8. Full Name of Father, Richard Bowen

9. Father's Occupation, Joiner

10. Father's Birthplace, Glamorgan Shire Wales

Name of Medical Attendant, or other person who makes this Return, Simon Miller M.D.

Address, 1600 Hollbrook Street City

Remarks, 1 5 9 4 0 0 0 5 8 7 0

shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person so attending, to report the birth to the Registrar of Vital Statistics, within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of \$100 for each offence, to be recovered as other fines.

shall occur without the attendance of a physician or practitioner of midwifery, or should, to either, occur be in attendance upon the mother, immediately hereafter, in the manner and within the period above required, and child to report its birth to the Registrar, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of five dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

61029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Mar. 1. (8 o'clock A.M.)

4. Place of Birth, (Street and Number) 912 Linden Ave.

5. Full Name of Mother, Florence Mary Ficker

6. Mother's Maiden Name, Burack

7. Mother's Birthplace, Saveren - South Carolina

8. Full Name of Father, Lauser, Pearson Ficker

9. Father's Occupation, Merchant

10. Father's Birthplace, Falls River - North Carolina

Name of Medical Attendant, or other person who makes this Return

Mr. M. Kamm, from

Address, The Evening Dispensary, 614 S. Charles Street

Remarks,

8940005871

RETURN OF A BIRTH. 61031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 8 7 3

Wm. J. C. Dulsoy Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. 61032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Black
 3. Date of Birth, Nov 1, 1894
 4. Place of Birth, (Street and Number) Frederick Hospital 677 to Lombard St
 5. Full Name of Mother, Rebecca Scott
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, _____
 8. Full Name of Father, _____
 9. Father's Occupation, _____
 10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, Harry G. Miley M.D.
Senior Resident Phys.
- Address, _____
- Remarks, _____

6 9 4 0 0 0 5 8 7 4

RETURN OF A BIRTH. 61033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov 1 1894

4. Place of Birth, (Street and Number) 848 Clapboard St

5. Full Name of Mother, Isabella Smith

6. Mother's Maiden Name, /

7. Mother's Birthplace, /

8. Full Name of Father, /

9. Father's Occupation, /

10. Father's Birthplace, /

Name of Medical Attendant, Harry J. Utley M.D.

or other person who makes the Return

Address, 622 W Lombard St.

Remarks, /

1 8 9 4 0 0 5 8 7 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, for the purpose of securing a record of the birth, and any such person or persons who fail to do so shall be liable to a fine of not more than one hundred dollars for each offence, to be recovered as other fines and penalties are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician, or other person, who is not a resident of the City of Baltimore, he or she shall, before attending upon the mother, immediately hereafter it shall become the duty of the physician or other person attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

61034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 2^d 1894

4. Place of Birth, (Street and Number) Mary 1419 Brent-St

5. Full Name of Mother, Mary E. Bushrod

6. Mother's Maiden Name, " " Trippes

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John W. Bushrod

9. Father's Occupation, Headcarrier

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Isaac H. Ost

Address, 2228 Ewing St.

Remarks, 8740005876

In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present, the person attending the birth shall become the duty of the person attending the birth to make a return of the birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who shall be found to have failed to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61035-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 2nd day of November

4. Place of Birth, (Street and Number) 113 West Lombard St

5. Full Name of Mother, Maria Caroline Kruger

6. Mother's Maiden Name, Schoeffel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kruger

9. Father's Occupation, Restaurateur

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Kiehm

Address, 800 Seadenhall St.

Remarks, 8940005877

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth of a child, it shall become the duty of the person or persons so attending, and such person or persons shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 1036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 2 1894

4. Place of Birth, (Street and Number) 115 Central Ave

5. Full Name of Mother, Bessie Lusk

6. Mother's Maiden Name, Bessie Greene

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph Lusk

9. Father's Occupation, Sailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Kellman

Address, 1013 E Lombard St

Remarks, 8940005878

RETURN OF A BIRTH.

61037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of the child, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recovered. This section shall be applied to the fine of ten dollars for each offence, to be recovered as other fines are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov. 2. 17. 20. A. M.

4. Place of Birth, (Street and Number) 105 Pleasant Street.

5. Full Name of Mother, Annie May Taringer

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Salisbury - Mt.

8. Full Name of Father, Charles Augustus Taringer,

9. Father's Occupation, Blacksmith.

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanas from the

Address, Evening Dispensary, 614. A. Charles Street.

Remarks. _____

8940005879

used day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or person who makes the return shall be liable to a fine of five dollars for each offence, to be recovered as other fines are recovered.

RETURN OF A BIRTH. 61638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 3: 94

4. Place of Birth, (Street and Number) 631 Bruce St

5. Full Name of Mother, Lane Wohlfarth

6. Mother's Maiden Name, Marsden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John B. Wohlfarth

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D. B. Williams

Address, 1128 Bathurst St

Remarks, _____

8 4 4 0 0 0 5 8 8 0

CERTIFICATE CORRECTED 9-19-52

RETURN OF A BIRTH. 61639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Wieland George Dietz 2^d child
Child of Mother, (state whether 1st, 2d, 3d, &c.)
Male

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).—

2. Race or Color. (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother, -

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

6 7 4 0 0 0 5 8 8 .1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall be the duty of the mother or of any other person who shall have knowledge of the birth of such child to cause the birth of such child to be reported to the Commissioner of Health. In the manner and within the period above required, and in compliance with the provisions of this section, shall be submitted herewith a list of the names of all persons who have been convicted of an offence under this section, and such persons shall be recoverable as other fines and penalties provided for in this chapter.

third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or person in whose house or place the child is born to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and to furnish the information required by the section above recited to the satisfaction of the Commissioner of Health. In case the parent or person in whose house or place the child is born shall fail to comply with the provisions of this section, he shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 5-14-33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Henry Carstens

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 8, 94

4. Place of Birth, (Street and Number)

783 Franklin St

5. Full Name of Mother,

Sophie Carstens

6. Mother's Maiden Name,

Steiner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred. Carstens

9. Father's Occupation

carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Maria E. Thawitser M.D.

Address,

725 Mulberry Street

Remarks,

18940005882

61041

There are one and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no person be present to be of assistance upon the mother, immediately thereafter, it shall become the duty of the person or persons present to be of assistance to report to birth to the Commissioner of Health, in the manner and within the period above required, and in the event of failure to do so, the person or persons so failing to comply with the provisions of this section shall be subject to the same penalty as in the case of failure to register. In all cases, the names of the mother and father shall be submitted to the files of ten years, and the names of the mother and father shall be recoverable.

4.

ma E.

3rd November, 1894.

129. Bare stem.

Soňa Labinská

Lofia Kanetska

Germany.

Charles Faginske

La Loro

30 222 11 124 1

or other person who
makes this Return

Miss P. L.

1225/4 all same

8 9 4 0 0 0 5 8 8 3

RETURN OF A BIRTH. 61042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 3 (2 o'clock P.M.)

4. Place of Birth, (Street and Number) 722 Fifth Street S. Balto.

5. Full Name of Mother, Caroline Marie Koffner

6. Mother's Maiden Name, Wenz

7. Mother's Birthplace, Frankfurt a/Main - Germany

8. Full Name of Father, Carl Otto Koffner

9. Father's Occupation, Painter

10. Father's Birthplace, Braunschweig - Wunstenberg - Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Koenig from the

Address Evening Dispensary, 614 S. Charles Street

Remarks, ...

1 8 9 4 0 0 0 5 8 8 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1013 E. Longfellow St.

Remarks, 8 9 4 0 0 0 5 8 8 5

[illegible]

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth the full name and occupation of the parents, the date and place of birth of each child, the sex of each child, the name of the physician, the name of the midwife, or other person in attendance, and the name of the person who shall report the birth to the Commissioner of Health. In the manner and within the time specified in this section, the person or persons who shall report the birth to the Commissioner of Health, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov 24 '94

4. Place of Birth, (Street and Number) 2115 E. Baltimore St

5. Full Name of Mother, Matie M. M. M.

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John M. M.

9. Father's Occupation, Carriage Maker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline M. M.

Address, 1625 Walker St

Remarks, _____

2740005886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Female
24th of November

333 Payson St

Augusta King

Augusta Diehl

Balto

Joseph H. Diehl

Labar

Balto

Friederike Reuter Madinip

2116 West Pratt St

0005887

RETURN OF
to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 24/94

4. Place of Birth, (Street and Number) 708 E. Rose St.

5. Full Name of Mother, Louisa Weisenhelder

6. Mother's Maiden Name, Hartman

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. Weisenhelder

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhelder

Address, 2225 North

Remarks,

signed by the
to the office
of the Registrar
of Vital Statistics
within
visions
of the
of the

signed by the
to the office
of the Registrar
of Vital Statistics
within
visions
of the
of the

signed by the
to the office
of the Registrar
of Vital Statistics
within
visions
of the
of the

Printers and Stationers.

8940005888

RETURN OF A BIRTH

61045-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 3rd 1894

4. Place of Birth, (Street and Number) 255 N High St.

5. Full Name of Mother, Minna C. A. Martenette

6. Mother's Maiden Name, Stephany

7. Mother's Birthplace, New Jersey

8. Full Name of Father, George A. Martenette

9. Father's Occupation, Musician

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this return, Samuel J. Bretz M.D.

Address, 314 N. Euston St.

Remarks,

18940005890

parent, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth of the child, and any such person who fails to do so shall be liable to a fine of ten dollars.

and accurate shall be delivered, only after the practitioner in the form of a certificate between the first and third day of each and every month of the Commissioner of Health. In case the birth of any child shall occur within the period of three months after the death of a person, the person who shall occur shall report to the Commissioner of Health, immediately thereafter, it shall become and within the period above required, and may each person or persons who shall report to the Commissioner of Health, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ³ Female
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, 1612 N. Spring St
4. Place of Birth, (Street and Number) Maggie Schaffer
5. Full Name of Mother, 111 E. Baltimore
6. Mother's Maiden Name, Galto Md
7. Mother's Birthplace, Henry M. Schaffer
8. Full Name of Father, Galto Md
9. Father's Occupation, Baltimore Md
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, 1612 N. Spring St
- Address,
- Remarks,

8940005891

and schedule, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother or other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person so attending the child to report its birth to the Registrar of Health, in the manner and within the time above required, and to comply with the provisions of the Act in that behalf made. Any person who fails to do so shall be liable to be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 4/94

4. Place of Birth, (Street and Number) 2520 E. Balto. St.

5. Full Name of Mother, Agnes Thornton

6. Mother's Maiden Name, " Roche

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Thornton

9. Father's Occupation, Paper Ruler

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Lisenhofer

Address, 2225 Long St.

Remarks, _____

8 9 4 0 0 5 8 9 2

In case the birth of any child is reported to the office of the Commissioner of Health, by the physician or practitioner of midwifery, or by the person or persons of such sex as may be required, and in such case the person or persons so reporting shall be liable for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 Nov 1894

4. Place of Birth, (Street and Number) 1704 William St

5. Full Name of Mother, Louis Axel

6. Mother's Maiden Name, H. Brown

7. Mother's Birthplace, Italy

8. Full Name of Father, Louis Ray

9. Father's Occupation, Color

10. Father's Birthplace, Belgium

Name of Medical Attendant, or other person who makes this Return, Mrs. L. B. Brooks

Address, 1338 Light St

Remarks, Dr. M. M. M.

1 8 9 4 0 0 0 5 8 9 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. No other person be in attendance upon the mother, or immediately thereafter, in the manner and within the time specified, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4th Nov

4. Place of Birth, (Street and Number) 809 N. Front St.

5. Full Name of Mother, Mary Callen

6. Mother's Maiden Name, Mary Mayler

7. Mother's Birthplace, Ireland

8. Full Name of Father, Alexander Callen

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Smith Midwife

Address, No. 1417 E. Eager St.

Remarks, _____

8940005894

RETURN OF A BIRTH. 61057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 4, 1894.

4. Place of Birth, (Street and Number) 263 Cedar ave

5. Full Name of Mother, Delor May Miller

6. Mother's Maiden Name, Lepp

7. Mother's Birthplace, Mo

8. Full Name of Father, Bernard Muller

9. Father's Occupation Barber

10. *Father's Birthplace,* Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut Ave.

Remarks,

1 8 9 4 0 0 0 5 8 9 5

Under any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person so attending, to report the birth of the child to the Commissioner of Health, in the manner and form provided in this section, and to the person so attending, with the provisions of this section shall be subject to the fine of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 4 1894
4. Place of Birth, (Street and Number) 216 Jasper St.
5. Full Name of Mother, Gerence Bell
6. Mother's Maiden Name, —
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —
- Name of Medical Attendant, or other person who makes this Return, Mary J. McKay M.D.
- Address, 622 W. Lombard St.
- Remarks, —

8940005897

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the said and the child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother shall immediately be required to report to birth, in the manner and within the time specified above required, and who shall be liable for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth. Nov 11/94 ~~Oct 11/94~~
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St.
5. Full Name of Mother, Sadie Johnson
6. Mother's Maiden Name, Sadie Johnson
7. Mother's Birthplace, "
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Alfred J. Semmes M.D.
- Address, 115 W Lombard
- Remarks, 18940005898

shall pay of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or other person, or should no other person be in attendance upon the birth of such child, it shall become the duty of the person or persons of such child to cause the birth of such child to be registered, and if any such person or persons fail to do so, they shall be liable to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered in other due manner.

RETURN OF A BIRTH.

61054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

May 5 1890

4. Place of Birth, (Street and Number)

Face Hospital 677 So Lombard St

5. Full Name of Mother,

Anna Kennard

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Henry J. Lister, M.D.

Address,

Senior Resident Physician

Remarks,

8740005899

RETURN OF A BIRTH. 6/133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1501 N. Sagor Pl

Remarks, 894000059000

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the third day of any month, the certificate shall be delivered to the office of the Commissioner of Health on the fourth day of that month. The certificate shall be signed by the practitioner or practitioner of midwifery, or should no other person be in attendance upon the birth of the child, by the father or mother, or by the person who has the custody of such child to report to birth to the Commissioner of Health, in the manner and within the time prescribed in the section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 5 1894

4. Place of Birth, (Street and Number) Myuna St No 330

5. Full Name of Mother, Lenor imhoff

6. Mother's Maiden Name, Lenor Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William imhoff

9. Father's Occupation, brush maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Kelley

Address, No 19-22 McKim Ave

Remarks, 8940005901

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the month, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report to the Commissioner of Health the birth of the child to report its birth to the Commissioner of Health, and to file a copy of the report with the provisions of the section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 November

4. Place of Birth, (Street and Number) 5 W. Market

5. Full Name of Mother, Agnes Miller

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Miller

9. Father's Occupation, Book Binder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Walter H. Minnich

Address, 800 Leadenhall St.

Remarks, 18940005902

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of the month, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventeen

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th Nov

4. Place of Birth, (Street and Number) 1350 Washington St

5. Full Name of Mother, Carry Papple

6. Mother's Maiden Name, Penamit

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Nicholas Papple

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Burns

Address, _____

Remarks, 8940005903

RETURN OF A BIRTH. 61059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 5 1894
4. Place of Birth, (Street and Number) No. 1202 Virginia St
5. Full Name of Mother, Kate Hall
6. Mother's Maiden Name, Kate Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John E. Hall
9. Father's Occupation, Machinist
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Reported by request.
- Address, (at home)
- Remarks, _____

1 8 9 4 0 0 0 5 9 0 4

RETURN OF A BIRTH. 61061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child day of each and every month to the Office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, a child to report its birth to the Office of the Registrar of Vital Statistics, and shall hereafter fail to comply with the provisions and penalties hereof, shall be liable to the fine of ten dollars for each offence, to be recovered in other fines and penalties as provided by law.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 5, 1894

4. Place of Birth, (Street and Number) 613 W. Baltimore St

5. Full Name of Mother, Sadie Schapiro

6. Mother's Maiden Name, Sadie Gershtman

7. Mother's Birthplace, Russia

8. Full Name of Father, Will Schapiro

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Gershtman

Address, 1013 E. Lombard St

Remarks, 8940005906

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person so attending, or if no person be present, the father, shall be liable to a fine of ten dollars for each offense, to be recovered as other such offenses are recoverable.

RETURN OF A BIRTH.

61062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 5/94

4. Place of Birth, (Street and Number) Thames St. No. 1629

5. Full Name of Mother, Mary Zankowski

6. Mother's Maiden Name, San Gowati

7. Mother's Birthplace, Poland

8. Full Name of Father, Martin Gowati

9. Father's Occupation, Poland

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Adolna

Address, Thames St. No. 1635

Remarks, 18940005907

RETURN OF A BIRTH. 61063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 6 1890
4. Place of Birth, (Street and Number) 1922 Delaware St.
5. Full Name of Mother, Mary E. O'Sullivan
6. Mother's Maiden Name, " " Connolly
7. Mother's Birthplace, Ireland
8. Full Name of Father, James J. O'Sullivan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Dr. J. H. O'Sullivan
- Address, 1528 Delaware St.
- Remarks, Dead
- 1 8 9 4 0 0 0 5 9 0 8

RETURN OF A BIRTH. 61064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This certificate is to be filled out by the physician in the form of a certificate between the first and third day of each and every month, or by the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, the mother or parent of such child shall report its birth to the Registrar of Vital Statistics, in the manner and within the time specified above, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 6/94

4. Place of Birth, (Street and Number) 1322 Orleans St.

5. Full Name of Mother, Wilhelmina Harman

6. Mother's Maiden Name, " Frederick

7. Mother's Birthplace, Balto.

8. Full Name of Father, Louis Harman

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenholder

Address, 2525 Gough St.

Remarks, _____

18940005909

RETURN OF A BIRTH. 61065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

18740005910

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the office of the Commissioner of Health, to cause the birth of any child to be recorded. The practitioner shall be liable for each failure to comply with this section, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person who is the father or mother of any child born in Baltimore City, or who is the father or mother of any child born in Baltimore City, shall, on or before the third day of each and every month in which the birth of any child occurs, report the birth of such child to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the time prescribed by the laws of the State of Maryland, and shall be subject to the fine of five dollars for each offence, to be recovered as other fines and penalties are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 3 1892*

4. Place of Birth, (Street and Number) *1515 G. L. Jackson St.*

5. Full Name of Mother, *H. H. H. H. H.*

6. Mother's Maiden Name, *H. H. H. H. H.*

7. Mother's Birthplace, *B. H. H. H. H.*

8. Full Name of Father, *H. H. H. H. H.*

9. Father's Occupation, *Special Congressional Commissioner*

10. Father's Birthplace, *Wilmington*

Name of Medical Attendant, or other person who makes this Return, *W. H. H. H. H.*

Address, *1228 E. E. H. H.*

Remarks, *1892*

8940005911

RETURN OF A BIRTH. 61067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8-d

1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Nov. 6 / 16 between P. M. 1.
 4. Place of Birth, (Street and Number) 1114. Schatz Court - P. Balt.
 5. Full Name of Mother, Carrey, Elizabeth Henry,
 6. Mother's Maiden Name, Talbot,
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, James Henry Henry,
 9. Father's Occupation, Laborer.
 10. Father's Birthplace, West Sampson Co. S. Caro.
- Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne, from the
- Address, Evening Dispensary, 614 P. Thacker Street.
- Remarks, _____

8 9 4 0 0 5 9 1 2

Every person who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the section above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 6/97*

4. Place of Birth, (Street and Number) *300 S. Bond St*

5. Full Name of Mother, *Ida A. Keil*

6. Mother's Maiden Name, *Oder*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *August Keil*

9. Father's Occupation, *Saloonkeeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Lisenbaker*

Address, *2225 Long St.*

Remarks, _____

18940005913

RETURN OF A BIRTH. 61069 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 6/94

4. Place of Birth, (Street and Number) 417 S. Duncan St.

5. Full Name of Mother, Eliza Mueller

6. Mother's Maiden Name, Roemer

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Mueller

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Mrs. Lisenbaker

Address, 2225 Graph St.

Remarks, 1 8 9 4 0 0 0 5 9 1 4

and schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such skill and experience be present, the mother or other person present shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 6th, 1894

4. Place of Birth, (Street and Number) S. S. Monroe

5. Full Name of Mother, Annie C. Shaween

6. Mother's Maiden Name, Nichols

7. Mother's Birthplace, Wm. S. Shaween

8. Full Name of Father, J. M. Shaween

9. Father's Occupation, Iron-Worker

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M. Heister M.D.

Address, 1800 Mt. Ballou St.

Remarks,

8940005915

GIVEN NAME ADDED 10-21-59 61071
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Oda Pearl Yeagle
I child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 6 18 94

4. Place of Birth, (Street and Number)

229 Leaden St Baltimore

5. Full Name of Mother,

Ella Elizabeth Yeagle

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Martha C King Hickory St

Remarks,

5 95

894000 Baltimore Md

RETURN OF A BIRTH. 61172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 9 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

32

Male

7th November 1894.

734 E Front Ave
All Wagon

Ellen Wagner

Hart Lane

Baltimore

Frank Wagner

Havness snakes

Baltimore

Elizabeth Jewell

or other Person who
makes this Return

Fort Ave

8940005918

[illegible]

RETURN OF A BIRTH. 61075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 7/94

4. Place of Birth, (Street and Number) 1849 Ashland Ave.

5. Full Name of Mother, Louisa Gerhold

6. Mother's Maiden Name, " Kern

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas. Gerhold

9. Father's Occupation, Laberer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St

Remarks, _____

1 8 9 4 0 0 0 5 9 2 0

RETURN OF A BIRTH. 61676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 November 1894

4. Place of Birth, (Street and Number) 911 Half St

5. Full Name of Mother, Babri Turner

6. Mother's Maiden Name, Babri Rehtling

7. Mother's Birthplace, Baltimore, M.D.

8. Full Name of Father, Charles Turner

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore, M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8940005921

RETURN OF A BIRTH. 61077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 7/94

4. Place of Birth, (Street and Number) 225 S. Lexington Ave.

5. Full Name of Mother, Emma Wagner

6. Mother's Maiden Name, Hderr

7. Mother's Birthplace, Balto.

8. Full Name of Father, Ludwig Wagner

9. Father's Occupation, Cutter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2255 Lough St.

Remarks, _____

18740005922

and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of medicine or health, no other person shall be
permitted to report the birth of such child to the Commissioner of Health, in the manner and within the time
prescribed in this section, except such person shall have first obtained the authority of the Commissioner of Health,
and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7/94
4. Place of Birth, (Street and Number) Maternity Hospital 115 W Lombard St
5. Full Name of Mother, Mrs Gancuy
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Virginia
8. Full Name of Father, M Gancuy
9. Father's Occupation, Unknown
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Alfred T Sunday M.D.
- Address, 115 W Lombard St
- Remarks, _____

1 8 9 4 0 0 0 5 9 2 4

RETURN OF A BIRTH. 6/180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, for the 7-18-94

4. Place of Birth, (Street and Number) Raymond st at 4-15

5. Full Name of Mother, Mary E. Marshall

6. Mother's Maiden Name, Mary E. Maltie

7. Mother's Birthplace, irendon ohio

8. Full Name of Father, John M. Marshall

9. Father's Occupation, Carpenter

10. Father's Birthplace, Maryland M D

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelley

Address, No 19-22 Malheur ave

Remarks, 8940005925

RETURN OF A BIRTH. 61081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance upon the mother, immediately thereafter, it shall be the duty of the midwife, or other person or persons of such class to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person who shall fail to comply with the provisions of this section shall be liable for each offence, to be recovered as other forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 7 1894

4. Place of Birth, (Street and Number) The Johns Hopkins Hospital 6120 Lombard St

5. Full Name of Mother, Nellie Glass

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry G. Hiley M.D.

Address, Senior Resident Phys

Remarks,

8 9 4 0 0 0 5 9 2 6

RETURN OF A BIRTH. 61082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 7 1895

4. Place of Birth, (Street and Number) Free Lying-in Hospital 622 W Lombard St

5. Full Name of Mother, Sallie Marks

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry J. Hiley MD

Address, Senior Resident Phys

Remarks,

8940005927

RETURN OF A BIRTH. 61083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child in attendance upon the mother to cause the birth of such child to be registered in the manner required, and if it is not so registered, the person or persons so failing to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recovered.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2nd~~ 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 5th

4. Place of Birth, (Street and Number) 911 Perry Ave

5. Full Name of Mother, Lucilla Oliver Gedlue

6. Mother's Maiden Name, Lucilla Oliver

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Joseph Gedlue

9. Father's Occupation, Barber

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Hannah Patchett

Address, 609 Campbell St.

Remarks,

8 9 4 0 0 5 9 2 8

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the schedule, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if such person or persons fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return

Address,

Remarks,

894000592

Baltimore

RETURN OF A BIRTH. 61085-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

D. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 5 9 3 0

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending the child to report to the office of the Commissioner of Health, in the manner and within the time specified in the section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

third day of each and every month to the office of the Commissioner of Health. If the birth of any child shall occur without the attendance of a physician or midwife, the person or persons be in attendance upon the birth of such child shall become the day of the person or persons of such child, and shall be liable to the same penalties as are provided for in the act relating to the same. If any such person or persons shall hereafter fail to comply with the provisions of this act, and shall be convicted thereof, they shall be liable to the same penalties as are provided for in the act relating to the same. If any such person or persons shall be convicted of an offence under this act, and shall be convicted thereof, they shall be liable to the same penalties as are provided for in the act relating to the same.

RETURN OF A BIRTH. 61086

GIVEN NAME ADDED 11/30/61
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MINDELL STENDLER
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 11 1894
4. Place of Birth, (Street and Number) 564 N York St
5. Full Name of Mother, Sophia Stendler
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aug C Stendler
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Geo R Kaban MW
Address, 725 Columbia Ave
Remarks, 8440005931

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the mother, and the father, and the child, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 8 - 94

4. Place of Birth, (Street and Number)

249 B Wolfe

5. Full Name of Mother,

Jennie L. Goodman

6. Mother's Maiden Name,

Donohue

7. Mother's Birthplace,

Mo. Md

8. Full Name of Father,

Wm B. Goodman

9. Father's Occupation

Salesman

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allwell

Address,

1438 N Bond St

Remarks,

1 8 9 4 0 0 0 5 9 3 2

RETURN OF A BIRTH. 61089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 8th of November 94

4. Place of Birth, (Street and Number) 635 Friedrich Road

5. Full Name of Mother, Anna Klein

6. Mother's Maiden Name, Anna Gopman

7. Mother's Birthplace, Germany

8. Full Name of Father, John Klein

9. Father's Occupation, Bücherer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Haules Midwife

Address, 2116 West Pratt St

Remarks, 4 9 4 0 0 0 5 9 3 4

RETURN OF A BIRTH. 61090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: *George Ferdinand*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5* *Lindenstruth*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *Nov. 8, 1914*
 4. Place of Birth, (Street and Number) *1212 E. Madison St*
 5. Full Name of Mother, *Anna Lindenstruth*
 6. Mother's Maiden Name, *" Betz*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *James Lindenstruth*
 9. Father's Occupation, *Organ Maker*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Caroline E. Miller*
- Address, *1606 Madison St*
- Remarks,

8 9 4 0 0 0 5 9 3 5

shall be delivered, duly signed by a practitioner of the art, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 8 1894

4. Place of Birth, (Street and Number) 214 S. Eden St

5. Full Name of Mother, Jessal Sakolski

6. Mother's Maiden Name, Jessal Weyman

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Sakolski

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Feldman

Address, 1013 E Lombard St

Remarks, 8940005937

RETURN OF A BIRTH. 61094
 GIVEN NAME ADDED. 2-16-65
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME *Herbert B. Kelley*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *November 8, 1894.*

4. Place of Birth, (Street and Number) *501 Third av.*

5. Full Name of Mother, *Mary Cecilia Kelley.*

6. Mother's Maiden Name, *Shauk.*

7. Mother's Birthplace, *Ind.*

8. Full Name of Father, *William Granville Kelley.*

9. Father's Occupation, *Machinist.*

10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other person who makes this Return, *Chas. H. Mitchell M.D.*

Address, *291 Chestnut av.*

Remarks, _____

18940005939

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should such child be born at any time during the period above required, and the parents or other persons having charge of the child fail to comply with the provisions of this section, they shall be liable to a fine of not more than \$100 dollars for each offense, to be recovered as other fines are recoverable.

GIVEN NAME ADDED. 11-19-36
 RETURN OF A BIRTH. 61095-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Kathleen Hare

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address, Martha E King 515

Remarks,

18940005940

In case the birth of any child should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, the mother shall be liable to a fine of five dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Apr. 5. 1904

4. Place of Birth, (Street and Number) 517 N. Charles St.

5. Full Name of Mother, Bella Davidson

6. Mother's Maiden Name, Morris

7. Mother's Birthplace, Berlin Co. Md.

8. Full Name of Father, William Francis Davidson

9. Father's Occupation, Laborer

10. Father's Birthplace, Hodgenville - Kentucky

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hann, from the

Address, Evening Dispensary, 614 N. Charles St.

Remarks,

8940005941

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if they fail to do so, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 8 1894

4. Place of Birth, (Street and Number) The Youngs Hospital 6726 Lombard St

5. Full Name of Mother, Martha Holman

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry G. Lee, M.D.

Address, Senior Resident Phys.

Remarks, _____

8940005942

third day of each and every month to the office of the Commissioner of Health. In case the birth of my child is attended by a physician, or a midwife, or should no other person be in attendance upon the mother, I shall report the same to the Commissioner of Health, in the manner and within the period above provided, and I shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 9/94

4. Place of Birth, (Street and Number) 32. S. Bond St.

5. Full Name of Mother, Lulu Burns

6. Mother's Maiden Name, " Wickman

7. Mother's Birthplace, Balto.

8. Full Name of Father, George V. Burns

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this return, Mrs. Leisner

Address, 2225 Gough St

Remarks, _____

1 8 9 4 0 0 0 5 9 4 3

RETURN OF A BIRTH. 61099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov. 9. / 6 o'clock P. M.

4. Place of Birth, (Street and Number) 877 E. New Street.

5. Full Name of Mother, Mary Adam,

6. Mother's Maiden Name, Ball,

7. Mother's Birthplace, Liverpool, England

8. Full Name of Father, Walter Peck Adam,

9. Father's Occupation, Shipping clerk

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mr. M. Russell from the

Address, Rooming Dispensary, 614 S. Charles Street

Remarks, 8940005944

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. To cause the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance at the birth of such child, the practitioner or person so attending shall be liable to a fine of ten dollars, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

61100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

9 November

94

4. Place of Birth, (Street and Number)

1111 Hanuman ave

5. Full Name of Mother,

Barbra Veatek

6. Mother's Maiden Name,

Barbra Burrish

7. Mother's Birthplace,

Bahemia

8. Full Name of Father,

Joseph Veatek

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bahemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conner

Address,

1621 Barnes St

Remarks,

18940005945

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent or person in attendance upon the mother, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recovered. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 9, 94

4. Place of Birth, (Street and Number)

1139 Cornett St

5. Full Name of Mother,

Julia Jankoff

6. Mother's Maiden Name,

" Block

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Jankoff

9. Father's Occupation,

Steward

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Barbara Miller

Address,

1626 Walters St

Remarks,

8940005946

RETURN OF A BIRTH. 61102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov. 9/95
 4. Place of Birth, (Street and Number) 136 N. Washington St.
 5. Full Name of Mother, Walburga Winkler
 6. Mother's Maiden Name, " Voloskey
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Alvin Winkler
 9. Father's Occupation, Taylor
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Keisenhofer
 Address, 2285 Gough St.
 Remarks, 1 8 9 4 0 0 0 5 9 4 7

RETURN OF A BIRTH. 6/10 3

GIVEN NAME ADDED 3-15-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Francis Evans Hopson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 9 1891

4. Place of Birth, (Street and Number)

City Lyngum Hospital 622 W. Lombard St

5. Full Name of Mother,

Lillian Hopson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry J. Hiley M.D.

Address,

Senior Resident Physician

Remarks,

8 9 4 0 0 0 5 9 4 8

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, or at such other intervals as may be determined by the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or other person authorized by the Board of Health, the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 10, 1894.

4. Place of Birth, (Street and Number) 804 St Paul

5. Full Name of Mother, Lina Jenkins

6. Mother's Maiden Name, Lina Walker.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas W. Jenkins

9. Father's Occupation, Furniture Dealer.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke, M.D.

Address, 914 St Paul St.

Remarks,

18940005949

RETURN OF A BIRTH. 61105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10th 10/94

4. Place of Birth, (Street and Number) 1314 Sunnyside Ave

5. Full Name of Mother, Susie E. Kimmel

6. Mother's Maiden Name, Susie E. Seum's

7. Mother's Birthplace, Pa

8. Full Name of Father, Harry Kimmel

9. Father's Occupation, Tailor

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, A. B. W.

Address, 2038 Madison Ave

Remarks,

18940005950

RETURN OF A BIRTH. 6110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conducted in conformity with the provisions of the Act, and the name of the child, the date of birth, the sex, the race, the color, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, and the address of the child to report the birth, shall be recorded in the form of a certificate, and the fee of ten cents shall be paid for each certificate. The fee of ten cents shall be paid for each certificate. The fee of ten cents shall be paid for each certificate.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Nov 10 1894*
 4. Place of Birth, (Street and Number) *518 W. Hart Ave.*
 5. Full Name of Mother, *Bridget Mary Cunningham*
 6. Mother's Maiden Name, *Bridget Mary Kelley*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Peter Cunningham*
 9. Father's Occupation, *Fireman*
 10. Father's Birthplace, *Baltimore, Md.*
 Name of Medical Attendant, or other person who makes this Return, *M. J. J. Delany*
 Address, *501 E. Clements St.*
 Remarks, *18940005951*

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

STATE OF MARYLAND

**HR-RM 32
(4-1-54)
Hall of Records Commission**

RETURN OF A BIRTH. 61094
 GIVEN NAME ADDED. 2-16-65
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Herbert B. Kelly

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 8, 1894.
4. Place of Birth, (Street and Number) 501 Third av.
5. Full Name of Mother, Mary Cecilia Kelley.
6. Mother's Maiden Name, Shauck.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Granville Kelley.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Md.
- Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.
- Address, 291 Chestnut av.
- Remarks,

18940005939

In case the birth of any child is attended by a physician or practitioner of midwifery, or other person be in attendance upon the birth, the person so attending shall, immediately thereafter, file with the Registrar of Vital Statistics, a statement of the birth, containing the information required by this section, and the statement so filed shall be subject to the inspection and correction of the Registrar of Vital Statistics, and the Registrar of Vital Statistics may, in his discretion, require the person so attending to furnish such further information as he may deem necessary to complete the statement so filed, and the Registrar of Vital Statistics may, in his discretion, require the person so attending to furnish such further information as he may deem necessary to complete the statement so filed, and the Registrar of Vital Statistics may, in his discretion, require the person so attending to furnish such further information as he may deem necessary to complete the statement so filed.

GIVEN NAME ADDED. 11-19-56
 RETURN OF A BIRTH. 61095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Kathleen Hare

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E. King

Remarks,

8940005940

RETURN OF A BIRTH. 61096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex, (state whether male or female).
 2. Race or Color, (if not of the white race).
 3. Date of Birth, Nov. 8. / 9 o'clock A. M. / 1894
 4. Place of Birth, (Street and Number) 517 Aug. Street.
 5. Full Name of Mother, Bella Davidson
 6. Mother's Maiden Name, Morris
 7. Mother's Birthplace, Cecil Co. Md.
 8. Full Name of Father, William Francis Davidson
 9. Father's Occupation, Lab.
 10. Father's Birthplace, Madisonville - Kentucky.
- Name of Medical Attendant, or other person who makes this Return, Mrs. M. Knapp, Nurse
- Address, Living Dispensary 614 S. Charles Street.
- Remarks, _____

8940005941

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of medicine, or of a nurse, or of a midwife, or of a person who shall become the nurse and within the period of one year after the birth of such child, the person or persons shall report its birth to the Commissioner of Health, in the manner and within the period of time provided in this section, and shall be liable to a fine of five dollars for each offense, to be recovered in other fine.

61097

ty.

И

Male

Advised

Nov 8 1894

McCoy Lying in Hospital 6210 Lombard St

Martha Coleman.

9

26, 1944

2000-2001

074.....

CC, —

Karim G. Hakey, MD

Phyza

1000

2--

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 9 4 3

and schedule shall be collected, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be presented to the Registrar of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report the birth of such child to the Registrar of Health, in the manner and within the period above provided, and any such person who neglects to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 61100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 November 94

4. Place of Birth, (Street and Number) 1111 Hanuman Ave

5. Full Name of Mother, Barbry Veats

6. Mother's Maiden Name, Barbry Burriak

7. Mother's Birthplace, Bahemia

8. Full Name of Father, Joseph Veats

9. Father's Occupation, Tailor

10. Father's Birthplace, Bahemia

Name of Medical Attendant, or other person who makes this Return, Joseph L. Conrad

Address, 1621 Barnes St

Remarks, _____

1 8 9 4 0 0 0 5 9 4 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person so attending, and of the child to report the birth to the Commissioner of Health, and if the person so attending and the child fail to do so, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 5 9 4 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

S. Full Name of Father.

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8940005947

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother, immediately thereafter, shall become the duty of the person or persons of such child to report the same to the Commissioner of Health. In case the mother of such child is unable to do so, any such person or persons shall be liable to a fine of not less than five dollars and not more than ten dollars. Any person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of not less than five dollars and not more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and in case of failure to do so, the person or persons so failing to comply with the provision of this act shall be liable to a fine of one dollar for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 3-15-55

6/1/03

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Francis Evans Hyslop*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Nov 9 1894

4. Place of Birth, (Street and Number)

Free Hospital 622 W. Lombard St.

5. Full Name of Mother,

Lillian Hyslop

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry C. Key M.D.

Address.

Senior Resident Phy.

Remarks,

8940005948

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the birth of such child shall be reported to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10, 1894

4. Place of Birth, (Street and Number) 804 St Paul

5. Full Name of Mother, Lina Jenkins

6. Mother's Maiden Name, Lina Walker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas W. Jenkins

9. Father's Occupation, Writing Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke, M.D.

Address, 914 St Charles St

Remarks,

18940005949

RETURN OF A BIRTH. 61105-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10/94

4. Place of Birth, (Street and Number) 1314 Sunnyside Ave

5. Full Name of Mother, Susan E. Kimmel

6. Mother's Maiden Name, Susan E. Seaman

7. Mother's Birthplace, Va

8. Full Name of Father, Harry Kimmel

9. Father's Occupation, Tobaccoist

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, A. B. B.

Address, 2038 Madison Ave

Remarks,

18940005950

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or other person in charge of the child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 10 1894*

4. Place of Birth, (Street and Number) *518 E. Hart Ave.*

5. Full Name of Mother, *Bridget Mary Cunningham*

6. Mother's Maiden Name, *Bridget Mary Kelly*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Peter Cunningham*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *M. D. J. D.*

Address, *501 E. E. Ave.*

Remarks, _____

8940005951

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

In case the birth of any child is attended by a physician, midwife, or other person, he or she shall be required to file a statement of the birth of the child, in the manner and within the time prescribed in this section, with the Registrar of Vital Statistics, who shall be subject to the provisions of this section. Any person who fails to comply with the provisions of this section shall be subject to the provisions of this section. Any person who fails to comply with the provisions of this section shall be subject to the provisions of this section.

RETURN OF A BIRTH. 61169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 November 1894
4. Place of Birth, (Street and Number) 1232 D. St. N. W.
5. Full Name of Mother, Larry S. Frost
6. Mother's Maiden Name, " Busch
7. Mother's Birthplace, Balto
8. Full Name of Father, George V. Bond
9. Father's Occupation, State Manager
10. Father's Birthplace, New York
Name of Medical Attendant, or other person who makes this Return, W. S. B. Brooks
Address, 1328 Highland St.
Remarks, 8440005953

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the last of each and every month to the office of the Commissioner of Health, or to a physician or practitioner of midwifery, or should no other person be available, to the nearest police station, and shall be retained by the Commissioner of Health, or the person to whom it is delivered, for a period of one year, and shall be subject to the inspection of the Commissioner of Health, or the person to whom it is delivered, at any time during such period. Any person who fails to comply with the provisions of this section shall be liable to a fine of not more than \$100 for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Eleventh*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov. 10th*

4. Place of Birth, (Street and Number) *407 W. Lee St.*

5. Full Name of Mother, *Marianna Jones*

6. Mother's Maiden Name, *Schnappinger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Lewis Jones*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Katie W. M.*

Address, *800 Seader hall st.*

Remarks, *8940005954*

6111

[illegible]

5

myle

write

Nov 10

7035- Wilson

Ella Britton

11 McClosky

2nd -

Ess. Bourne

Subura -

msl-

Arthur Reynolds

1 8 9 4 0 0 0 5 9 5 5

61112

the schedule shall be determined and signed by the Commissioner of the State of Maryland. In case the birth of any child in the third year of life without the mother of a physician or practitioner of midwifery, the person or persons of such assistance upon the mother, immediately thereafter, in the manner and within the time specified above required, and the person or persons failing to report to the Commissioner shall be liable to prosecution. This section shall be applicable to any person or persons who, although such offense, to be covered as other fires, offenses are recurrent offenses.

2nd.

- non who
Keturu,
952 Frederick Ave Est

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall be liable to a fine of ten dollars for each offence, to be recovered in other cases where the provisions of this section shall be applicable. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall be liable to a fine of ten dollars for each offence, to be recovered in other cases where the provisions of this section shall be applicable.

RETURN OF A BIRTH. 6/11/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 11th 1894

4. Place of Birth, (Street and Number)

#408 Bowens Court

5. Full Name of Mother,

Laura Stewart

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rayman Stewart

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Jane West

Address,

204 Stirling Street

Remarks,

8940005957

It is the duty of the Registrar to see that the provisions of the Act are complied with, and that the certificates are filled up in accordance with the regulations. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, the Registrar shall be notified in the manner and within the time prescribed in the regulations, and shall hereafter fail to comply with the provisions of the Act, he shall be liable to a fine of ten dollars, for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 11th 1894.

4. Place of Birth, (Street and Number)

808 plum st

5. Full Name of Mother,

Sarah E. V. Brown

6. Mother's Maiden Name,

Sarah E. V. Brown

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Wesley

9. Father's Occupation

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

W. S. H. H. H. H. H.

Address,

1044 Pennsylvania av

Remarks,

8940005958

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall become the duty of the person or persons of such attendance to report the birth of such child to the office of the Commissioner of Health, in conformity with the provisions of this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

61115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 11th 1894

4. Place of Birth, (Street and Number) 318 W. Fremont Ave

5. Full Name of Mother, Elba Rachel Gaskel

6. Mother's Maiden Name, Elba R. Shumbert

7. Mother's Birthplace, Alber Run Carroll Co. Md

8. Full Name of Father, Wm. J. Gaskel

9. Father's Occupation, Driver & Salesman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Lindner

Address, 216 W. Monroe St.

Remarks, 18940005959

RETURN OF A BIRTH. 61176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 11 November

4. Place of Birth, (Street and Number) N. 10. Henriellensstr.

5. Full Name of Mother, Adeline Richter

6. Mother's Maiden Name, Sherchi

7. Mother's Birthplace, Deutschland

8. Full Name of Father, Henry Richter

9. Father's Occupation, Assistant for Modistin

10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other person who makes this Return, Katie ~~Wink~~ Brunch

Address, 800 Seidenhall St.

Remarks, 18940005960

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the schedule, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the attending physician or practitioner of midwifery shall be liable to report the birth of the child to the office of the Commissioner of Health, in the manner and within the time specified in the section above required, and shall hereafter fail to comply with the provisions of the section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 11

November 1894

4. Place of Birth, (Street and Number)

Race 1601

5. Full Name of Mother,

Lara Hipchen

6. Mother's Maiden Name,

Kammerer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred Hipchen

9. Father's Occupation

Glasgloister

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Dr. H. H. H. H. H.

Address,

800 Sea View St.

Remarks,

8940005961

RETURN OF A BIRTH. 61118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 of November 94

4. Place of Birth, (Street and Number) 32 Garrison Lane

5. Full Name of Mother, Anna Strube

6. Mother's Maiden Name, Anna Müller

7. Mother's Birthplace, Germany

8. Full Name of Father, Philipp Strube

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Hecker Midwife

Address, 2116 W Pratt St

18940005962

Remarks,

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the space provided for the purpose, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the month of the birth of the child. In case the birth of the child occurs on the day of the week, or parents of such child to report in person, or by mail, the certificate shall be delivered to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the month of the birth of the child. In case the birth of the child occurs on the day of the week, or parents of such child to report in person, or by mail, the certificate shall be delivered to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the month of the birth of the child. In case the birth of the child occurs on the day of the week, or parents of such child to report in person, or by mail, the certificate shall be delivered to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the month of the birth of the child.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person authorized by the Commissioner of Health, the parent or person in whose household the child is born shall be liable to a fine of five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

61119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *Nov 11, 1890*

4. Place of Birth, (Street and Number) *856 Cliffland St.*

5. Full Name of Mother, *Elizabeth Smith*

6. Mother's Maiden Name, *Elizabeth*

7. Mother's Birthplace, *Elizabeth*

8. Full Name of Father, *Harry G. Huxley, M.D.*

9. Father's Occupation, *622 W. Lombard St.*

10. Father's Birthplace, *622 W. Lombard St.*

Name of Medical Attendant, or other person who makes this Return, *Harry G. Huxley, M.D.*

Address, *622 W. Lombard St.*

Remarks, *8940005963*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Practitioner shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother shall immediately report the birth of such child to the nearest police station, and the police officer shall report the same to the Commissioner of Health in the manner and within the time above required, and shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr the 12 1894
4. Place of Birth, (Street and Number) Draft St 16-3
5. Full Name of Mother, Laden Belt
6. Mother's Maiden Name, Laden Kelley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis P Belt
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mr S. Kelley
Address, No 19-22 McShane Ave
Remarks, 8940005965

RETURN OF A BIRTH. 6/122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov 12 04

4. Place of Birth, (Street and Number) 1329 E Madison St

5. Full Name of Mother, Lina Cabanac

6. Mother's Maiden Name, Gluckman

7. Mother's Birthplace, Galla Id.

8. Full Name of Father, Charles Cabanac

9. Father's Occupation, Cook

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Smith

Address, 1329 E Madison St

Remarks, _____

18940005966

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person who shall have knowledge of the birth of the child, or parents of such child, shall report its birth to the Commissioner of Health, in the manner and within the time specified in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6/1/23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)--

Right
Female

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)---

White

3. Date of Birth,---

May 12th 914

4. Place of Birth, (Street and Number)---

23 S. Strickon St

5. Full Name of Mother,---

Dora Rosenbaum.

6. Mother's Maiden Name,---

Shaw

7. Mother's Birthplace,---

Baltimore

8. Full Name of Father,---

Benjamin Rosenbaum

9. Father's Occupation,---

Commissioner

10. Father's Birthplace,---

Germany

Name of Medical Attendant, or other person who makes this Return.

S. H. S. S. M. S.

Address,---

1501 N. Bay St

Remarks,---

1 8 9 4 0 0 0 5 9 6 7

RETURN OF A BIRTH. 6/124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

8 9 4 0 0 0 5 9 6 8

RETURN OF A BIRTH. 61125 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 12/14

4. Place of Birth, (Street and Number) 575 N. Collington Ave.

5. Full Name of Mother, Mary Reiss

6. Mother's Maiden Name, Stieber

7. Mother's Birthplace, Germany

8. Full Name of Father, Thas. Reiss

9. Father's Occupation, Conductor

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Lisenhofer

Address, 2225 Long St.

Remarks, _____

8940005969

RETURN OF A BIRTH.

6/126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Nov 12, 1894

4. Place of Birth, (Street and Number) 818 Myrtle St

5. Full Name of Mother, Mary Moslob

6. Mother's Maiden Name, Mary Arebuehel

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Moslob

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Grayne

Address, 104 Canton St.

Remarks, 8940005970

shall be delivered, only signed by the person in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child occur without the attendance of a physician or practitioner of medicine, the mother, immediately thereafter, shall become the duty of the person, in the manner and within the period above required, to report the birth of such child to the Registrar of Health, who shall hereafter fail to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Martin Emanuel Rohn
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 12/94*
4. Place of Birth, (Street and Number) *1115 E. Balto. St.*
5. Full Name of Mother, *Mina Rohn*
6. Mother's Maiden Name, *" Parnow*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Herrman Rohn*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Mrs. Seisenhofer
2225 Young St.

18940005971

RETURN OF A BIRTH. 61128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 November 1901

4. Place of Birth, (Street and Number) 1750 Belair Ave

5. Full Name of Mother, Mary Nowark

6. Mother's Maiden Name, Whick

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Nowark

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Brown

Address, _____

Remarks, 8440005972

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the practitioner to comply with the provisions of this section, and the practitioner shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61129 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov 12 _____

4. Place of Birth, (Street and Number) 1821- Ramsey St _____

5. Full Name of Mother, Olga Stone _____

6. Mother's Maiden Name, Christy _____

7. Mother's Birthplace, Indiana _____

8. Full Name of Father, Joseph Stone _____

9. Father's Occupation, Salesman _____

10. Father's Birthplace, St Marys Co. Maryland _____

Name of Medical Attendant, (or other person who makes this Return) W Ben. Haworth _____

Address, 1044 Pennsylvania av _____

Remarks, 8940005973 _____

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of medicine, or should not be attended by such person or persons, the mother, husband or father, or any such person or persons, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the physician or practitioner of midwifery, or other person who may be present at the birth of the child, shall be liable to the Commissioner of Health, in the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1X

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 12 1891

4. Place of Birth, (Street and Number) 145 New Alley

5. Full Name of Mother, Sarah Naylor

6. Mother's Maiden Name, }

7. Mother's Birthplace, }

8. Full Name of Father, }

9. Father's Occupation, }

10. Father's Birthplace, }

Name of Medical Attendant, or other person who makes this Return, Harry J. Hiley M.D.

Address, 677 W. Lombard St.

Remarks,

1 8 9 4 0 0 0 5 9 7 4

RETURN OF A BIRTH. 61131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov 12 1896

4. Place of Birth, (Street and Number) 809 Stockholm St

5. Full Name of Mother, Minnes Thomas

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry P. Hiley M.D.

Address, 677 W. Lombard St

Remarks, _____

1 8 9 4 0 0 0 5 9 7 5

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person so attending shall be liable to a fine of \$100, and any such person who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of \$100, and the costs of this action shall be added to the fine, and the same shall be recoverable.

[illegible]

RETURN OF A BIRTH. 6/1/32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Girl*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *Nov. 13th 1894*
4. Place of Birth, (Street and Number) *127 Central Ave.*
5. Full Name of Mother, *Antie Bach*
6. Mother's Maiden Name, *Antie Bach*
7. Mother's Birthplace, *American*
8. Full Name of Father, *He is single*
9. Father's Occupation.
10. Father's Birthplace.
- Name of Medical Attendant, or other person who makes this Return. *Mrs. J. Fieldman*
- Address, *1013 E. Lombard St*
- 1 8 9 4 0 0 0 5 9 7 6
- Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should the person be in attendance upon the mother, immediately thereafter become the duty of the person or persons to provide for the recovery of the child, and if such person or persons fail to do so, they shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, November 13, 1894.

4. Place of Birth, (Street and Number) 213 Druid ave.

5. Full Name of Mother, Cora Miller.

6. Mother's Maiden Name, Cora Miller.

7. Mother's Birthplace, Ind. Pa.

8. Full Name of Father, — — —

9. Father's Occupation, — — —

10. Father's Birthplace, — — —

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, Legitimate.

18940005977

In case the birth of any child shall occur without the mother, immediately thereupon, in the manner and within the time prescribed, the person or persons who shall have been present at the birth of the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

61134

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 13th November

4. Place of Birth, (Street and Number) Baltimore, 820 S. Euston St

5. Full Name of Mother, Annie Gaff

6. Mother's Maiden Name, Annie Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Gaff

9. Father's Occupation, Sta - Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. H. C. Minnick or other person who makes this Return.

Address, 800 Leadenhall St

Remarks, 18940005978

certificates, between the day and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the parent or guardian of the child shall be required to report its birth to the Board of Health, in the manner provided in this section, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH^{6/1/35}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

13th November 1894

4. Place of Birth, (Street and Number)

138 W. Clement St

5. Full Name of Mother,

Mary Ida Ferguson

6. Mother's Maiden Name,

Kathell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Henry Ferguson

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Yernell

Address,

436 E. Front Ave

Remarks,

8940005979

RETURN OF A BIRTH. 61136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13th of November 94*

4. Place of Birth, (Street and Number) *2141 Olive St.*

5. Full Name of Mother, *Lena Schlaffer*

6. Mother's Maiden Name, *Lena Wilson*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *William Schlaffer*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Friederike Hessler Midwife*

Address, *2116 W. Pratt St.*

Remarks, *18940005980*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 13th 94
4. Place of Birth, (Street and Number) 2661 The Collingh
5. Full Name of Mother, Dorothy Jones
6. Mother's Maiden Name, " Lawrence
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm Ains
9. Father's Occupation, Supr. Truck Co.
10. Father's Birthplace, Balto City
- Name of Medical Attendant, or other person who makes this return, L. F. Frey M.D.
- Address, 2414 David Hill Van
- Remarks, P. O. N. 894.0005981

any of them and every matter in the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, the parent or parents of such child shall be liable to the fine of ten dollars for each child, who shall hereafter fall into the hands of the Registrar of Health, in the manner and to the extent provided in this section shall be subject to the fine of ten dollars for each child, to be recovered as other fines.

RETURN OF A BIRTH.

61138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Ethel Platt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 13 - 94

4. Place of Birth, (Street and Number)

1413 E. Oliver

5. Full Name of Mother,

Florence R Platt

6. Mother's Maiden Name,

" " Brannon

7. Mother's Birthplace,

Baltimore
Phillip Platt

8. Full Name of Father,

Salesman

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Cellwell

Address,

1438 N. Bond St

Remarks,

GIVEN NAME ADDED

2-1-52

6-9 4 0 0 0 5 9 8 2

same reference shall be achieved, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a certificate is not secured without the attendance of a physician or practitioner of health, or should no other person be in attendance, the practitioner shall become the duty of the person or persons who shall be required to report to the Commissioner of Health, in and to whom the certificate shall be required, and any such person or persons shall be liable for each offence, to be recovered as other fines and penalties, and the same are recoverable.

RETURN OF A BIRTH. 61139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan the 13 - 1894

4. Place of Birth, (Street and Number) Monica St. No. 55

5. Full Name of Mother, Rosey Saturday

6. Mother's Maiden Name, Rosey A. Yeager

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis A. Isler

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Hall

Address, No. 1922 Wilkins Ave.

Remarks, 8940005983

RETURN OF A BIRTH. 61140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 13 1894

4. Place of Birth, (Street and Number) 18 E. Spring St.

5. Full Name of Mother, Emma Wilhelm

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Germany

8. Full Name of Father, Karl H. Wilhelm

9. Father's Occupation, Upholster

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1425 E. Pratt St.

Remarks,

1 8 9 4 0 0 0 5 9 8 4

RETURN OF A BIRTH. 61141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), *8th.*

1. Sex, (state whether male or female) A Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 13th 1861

4. Place of Birth, (Street and Number) Case St 819

5. Full Name of Mother, Elizabeth Campbell

6. Mother's Maiden Name, Elisabetha Geisler

7. Mother's Birthplace, In Germany

3. Full Name of Father, *Bob Mader & Georgi Vassil*

4. Father's Occupation. Boat Maker

10. Father's Birthplace, *In Germany*

Name of Medical Attendant, or other person who makes this Return, Abel D. Linn

Address, 1995 Davis Street

Remarks, 8940005985

Wm. J. C. Dulaney Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. 61142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 13 / 94

4. Place of Birth, (Street and Number) # 29 Brown Lane

5. Full Name of Mother, Dea. Haberkorn

6. Mother's Maiden Name, Schreiber

7. Mother's Birthplace, Pfaffenhausen Germ.

8. Full Name of Father, Adam J. Haberkorn

9. Father's Occupation, Leather Tinner

10. Father's Birthplace, Pfaffenhausen

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Lindner

Address, # 106 S. Monroe St.

Remarks, 8940005986

should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to file a return thereon, in conformity with the provisions of this section, within the time specified in the regulations of the Board of Health. Penalties for failure to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940005987

shall secure without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother of such child, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 13, 1894.
4. Place of Birth, (Street and Number) 254 Cedar ave.
5. Full Name of Mother, Eleanora Smith.
6. Mother's Maiden Name, Sibley.
7. Mother's Birthplace, Ind.
8. Full Name of Father, Alfred Reid Smith.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ind.
- Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.
- Address, 291 Chestnut ave.
- Remarks, _____

18940005988

RETURN OF A BIRTH. 61145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 18 Nov. 1891

4. Place of Birth, (Street and Number) 817 N. North Ave.

5. Full Name of Mother, Mary Curtis

6. Mother's Maiden Name, Mary Richardson

7. Mother's Birthplace, Md

8. Full Name of Father, Harry A. Curtis

9. Father's Occupation, Salesman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, Dr. John A. McKeown

Address, 1102 1st St. N. W.

Remarks, 8940005989

RETURN OF A BIRTH. 61146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race).

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 9 9 0

aid schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to certify the birth of any child and shall continue upon the attendance of a physician or practitioner of midwifery, or otherwise, until the person to be certified to birth has been immediately thereafter (1) shall become the duty of the person or persons who have caused the birth of such child to report to birth to the Commissioner of Health, in the manner and within the period above required of such any such person or persons, who shall hereafter fail to do so, the provisions of this section shall be applicable to the fine of ten dollars for each offence, to be recovered on other fines recoverable.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician, midwife, or practitioner of midwifery, or should no other person be in attendance, the mother or person in attendance shall be held responsible for the same, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable by the City of Baltimore.

RETURN OF A BIRTH.

61147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 November 1900
4. Place of Birth, (Street and Number) 206 Grand Ave
5. Full Name of Mother, Francis Leck
6. Mother's Maiden Name, Shaffer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Leck
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore Md
Name of Medical Attendant, Mrs Burns or other person who makes this Return.
Address, 18940005991
Remarks, _____

61148

[illegible]3 11

General

White

e) 350 Winter St.

14th of November 94

Male Libalityki!

Male 8. N. a. 10.

13. *alt.*

John J. Sibbald Esq

Dieler im Eis

B. cultu

Friederike Keuler Midwife

2116 W. Pratt St.

8 4 4 0 0 0 5 9 9 2

When any child is born, the mother, or the father, or the person who has the custody of the child, shall, within the time specified, report to the Office of the Registrar of Vital Statistics, Baltimore City, the birth of such child, and shall file a true and correct copy of the certificate of birth, and shall pay the fee thereon. If any such person or persons fail to do so, they shall be liable to a fine of not less than five dollars for each offense, to be recovered as other fines are recovered.

RETURN OF A BIRTH.

GIVEN NAME ADDED 6-12-62

61149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Louise Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 14 94

4. Place of Birth, (Street and Number) 1620 E. Chase St

5. Full Name of Mother, Grace E. Young

6. Mother's Maiden Name, Buttings

7. Mother's Birthplace, Balto

8. Full Name of Father, George B. Young

9. Father's Occupation, Contractor

10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1438 N Bond

Remarks, 8940005993

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case no other person be in attendance of a physician or practitioner of medicine, the duty of the practitioner shall be to report the birth of such child to report its birth upon the mother, immediately thereafter, in the manner and within the time specified, and if any such person or persons fail to comply with the provisions hereof, he or she shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61150

NAME CHANGED BY COURT ORDER 1-18-56
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick William Hagen
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14/94
4. Place of Birth, (Street and Number) 104. Forster Ave.
5. Full Name of Mother, Sophie Heisterhagen
6. Mother's Maiden Name, Roth
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Heisterhagen
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Seidenhofer

Address, 2225 Gough St.

Remarks, 1 8 9 4 0 0 0 5 9 9 4

61157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

- 6.
- Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

- (1). *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address, *Martha*

Remarks,

8 9 4 0 0 0 5 9 9 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the person or persons attending the birth shall be held responsible for the same, and shall be liable to the same penalties as the practitioner. The duty of the person or persons attending the birth shall be to report the same to the Commissioner of Health, in the manner and within the time provided in the provisions of the Act, and to the file of ten copies of the return for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14/94
4. Place of Birth, (Street and Number) 724 Robertson St.
5. Full Name of Mother, Apolina Riegner
6. Mother's Maiden Name, Batz
7. Mother's Birthplace, Germany
8. Full Name of Father, John Riegner
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer
Address, 2225 Gough St.
Remarks, 8940005996

Issue of this Birth and Fetal Death Certificate shall be returned by the practitioner, in the form of a certificate, to the parent or person having charge of the child, or to the physician, or of a duly qualified midwife, or to the health officer, in case the child is born in a hospital, or to the health officer, in case the child is born in a public institution. In case the child is born in a private institution, the certificate shall be returned to the parent or person having charge of the child, or to the physician, or of a duly qualified midwife, or to the health officer, in case the child is born in a hospital, or to the health officer, in case the child is born in a public institution. In case the child is born in a private institution, the certificate shall be returned to the parent or person having charge of the child, or to the physician, or of a duly qualified midwife, or to the health officer, in case the child is born in a hospital, or to the health officer, in case the child is born in a public institution.

RETURN OF A BIRTH⁶¹¹⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *14th November 1894*
4. Place of Birth, (Street and Number) *1424 Henry St*
5. Full Name of Mother, *Mary Lanneth*
6. Mother's Maiden Name, *Thompson*
7. Mother's Birthplace, *Montgomery Co Md*
8. Full Name of Father, *John Lanneth*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Montgomery Co Md*
- Name of Medical Attendant, or other Person who makes this Return *Elizabeth Jewell*
- Address, *496 E Fort Ave*
- Remarks, *8940005997*

no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person so attending to report the birth of the child to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 14 1891

4. Place of Birth, (Street and Number)

1543 Cole St.

5. Full Name of Mother,

Lizzie May

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry G. H. M.D.

Address,

622 W. Lombard St.

Remarks,

18940005999

RETURN OF A BIRTH. 61156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 15th Nov

4. Place of Birth, (Street and Number) 2841 E. Fayette St

5. Full Name of Mother, Annie Elizabeth Bean

6. Mother's Maiden Name, Annie Elizabeth Krebs

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, John Alexander Bean

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Hays

Address, 2821 Fayette St

18940005000

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, James M. G. G.

Name of Member, *W. H. E. Eager*

Remarks, 8940006001

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and to the Registrar of Vital Statistics, who shall enter the same in the register, and shall cause the same to be published in the Baltimore City Directory, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines in this section shall be recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Nov 1894

4. Place of Birth, (Street and Number) 1710 Johnson St

5. Full Name of Mother, Ellie Barling

6. Mother's Maiden Name, Bischope

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo G Barling

9. Father's Occupation, Freightman on B&O R.R.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E H Brooks

Address, 1225 Light St

Remarks, 1894 4 0 0 0 6 0 0 2

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to report the birth to the Commissioner of Health, in the manner and within the time specified in this section. Should the person or persons of such attendance fail to comply with the provisions of this section, they shall be subject to the fine of ten dollars for each offense, to be recovered on their fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) 100-15-94

3. Date of Birth. 944 N. Broadway

4. Place of Birth, (Street and Number) Mary E. Hancock

5. Full Name of Mother, Bayley

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Charles Hancock

8. Full Name of Father, Clerk

9. Father's Occupation, Spain

10. Father's Birthplace, Mrs. Mary A. Allwell

Name of Medical Attendant, or other person who makes this Return, 1438 N. Bond St

Address, 8940006003

Remarks, 8940006003

and schedule shall be delivered, duly signed by the practitioner in the form of certificate, to be given the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in compliance with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Amelia Tiedeman

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 15 1894
4. Place of Birth, (Street and Number) 1533 (1533) St. Light
5. Full Name of Mother, Kate Maria Tiedeman
6. Mother's Maiden Name, Sockman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernard Sockman
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Tiedeman

Address, 800 Lader Hall St.

Remarks, 18940006004

RETURN OF A BIRTH. 61161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the aforesaid time, the practitioner shall immediately hereafter, it shall become the duty of the practitioner or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 15th 1894

4. Place of Birth, (Street and Number) 108 Market Space

5. Full Name of Mother, Rosie Arrimason

6. Mother's Maiden Name, Rosie Burman

7. Mother's Birthplace, Russia

8. Full Name of Father, David Arrimason

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. F. Coleman

Address, 1013 E. Lombard St

Remarks, 8440006006

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Births and Deaths, who shall enter the same in the register, and shall forward a copy of the same to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of such child shall occur within the jurisdiction of a practitioner of midwifery, or should no other person be in attendance upon the mother, the practitioner of midwifery shall immediately hereafter report the birth of such child to report its birth in the manner and within the time specified in the provisions of this section shall be subject to the fine of ten (\$10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6/1/63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 15/64

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St.

5. Full Name of Mother, Mrs. Jennie Stevens

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, Maryland

8. Full Name of Father, Edward Stevens

9. Father's Occupation, Unknown

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred I. Stevens M.D.

Address, 115 W. Lombard St.

Remarks, 18940005007

been conferred, its sex, color, the full name and occupation of the parents, the date and place of birth, and the date of delivery, shall be reported to the office of the Registrar of Vital Statistics, Baltimore City, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the practitioner and the Registrar, to the Registrar of Vital Statistics, Baltimore City, and the Registrar of Vital Statistics, Baltimore City, shall occur without the payment of any fee, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the practitioner to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, in the manner and within the time provided above, and such person who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 15/44

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St

5. Full Name of Mother, Ann Lee

6. Mother's Maiden Name, Ann Lee

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gurdin M.D.

Address, 115 W Lombard St

Remarks, 18940006008

Child day of each and every month to the office of the Commissioner of Health. In case of the birth of any child, the birth of any child, or the death of any child, or the marriage of any child, or the adoption of any child, or the change of name of any child, or the change of residence of any child, or the change of occupation of any child, or the change of any other fact relating to the child, the parent or guardian of the child shall report the same to the Commissioner of Health, in the manner and within the time specified in this section. If any parent or guardian of a child fails to comply with the provisions of this section, he shall be subject to the fine of ten dollars for each offence, to be recovered as other fines.

RETURN OF A BIRTH.

61165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ³

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 6, 94

4. Place of Birth, (Street and Number)

741 Broadway

5. Full Name of Mother,

Annin Carter

6. Mother's Maiden Name,

Howard

7. Mother's Birthplace,

Galio Md.

8. Full Name of Father,

James E. Carter

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Galio Md.

Name of Medical Attendant, or other person who makes this Return,

Caroline Miller

Address,

1600 Chalmers

Remarks,

1 8 9 4 0 0 0 6 0 0 9

and schedule shall be delivered, only signed by the midwife, in the form of a certificate between the first and second child of the mother, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if they fail to do so, they shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 6/1/66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 November

4. Place of Birth, (Street and Number) 622 German St

5. Full Name of Mother, Maria Howard

6. Mother's Maiden Name, William Howard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Oliver Howard

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie M. Munch

Address, 800 Leadenhall St

Remarks, 18940006010

any person who shall be convicted and sentenced for the same, shall be liable to a fine of not less than one hundred dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940006011

said schedule shall be delivered, duly signed by the person in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, in case the birth of any child occur without the attendance of a physician or practitioner of midwifery, and in case the birth of any child occur within the month of the birth of the child to report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Nov. 16th 1894
4. Place of Birth, (Street and Number) 105 E. West St.
5. Full Name of Mother, Minnie Whittle
6. Mother's Maiden Name, " Kimmel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John B. A. Whittle
9. Father's Occupation, Asst. Superintendent P. D.
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, R. J. H. Tall, M. D.
Address, 524 Sharp St.
Remarks, 18940006012

RETURN OF A BIRTH. 61169 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, Nov. 16 - 1894

4. Place of Birth, (Street and Number) 1005 Eastern Ave.

5. Full Name of Mother, Minne Schmidt

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Schmidt

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, _____

1 8 9 4 0 0 0 6 0 1 3

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of five dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) _____
Date of Birth, Nov. 16 - 1894
Place of Birth, (Street and Number) 323 S. Caroline St.
Full Name of Mother, Mary Hoerl
Mother's Maiden Name, Heiss
Mother's Birthplace, Baltimore
Full Name of Father, Albert Hoerl
Father's Occupation, Box maker
Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mary Stein
Address, _____
Remarks, _____

1 8 9 4 0 0 0 6 0 1 4

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If a physician or practitioner of health shall occur without the attendance of a physician or practitioner of health, he shall become the daily of the person or persons of such attendance upon the child, and shall be liable to the same penalties as the practitioner of health. If a person or persons shall be recovered, and any such person or persons shall be recovered, to be recovered as other cases are recoverable, and shall be liable to the fine of ten dollars for each offense, to be recovered as other cases are recoverable.

RETURN OF A BIRTH 61171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 1 8 9 4 0 0 0 6 0 1 5

First male

white

Nov 16 1894

304 E. 2nd St

Margaret Miller

Miller

City

George Miller

black

City

E. Williams M.D.

114 Chesapeake St

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and the third certificate shall be delivered, signed by the practitioner of the Comm. in the form of a certificate of birth, and the child shall occur upon the birth of the child, and the practitioner of the Comm. shall immediately hereinafter become the duty of the practitioner of the Comm. to comply with the provisions of this section, and the practitioner of the Comm. shall be liable to the fine and forfeiture provided in this section, and the provisions of this section shall be recoverable.

RETURN OF A BIRTH. 61172 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, Nov. 16th 1894
- Place of Birth, (Street and Number) 32 N Fulton St.
- Full Name of Mother, Margaret Custy
- Mother's Maiden Name, Parks
- Mother's Birthplace, Balt.
- Full Name of Father, John Custy
- Father's Occupation, Merchant.
- Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, M. H. Martin M.D.
- Address, 808 N. 1st St.
- Remarks,

8940005015

said schedule shall be delivered, duly signed by the practitioner, to the birth of a certificate between the first and third day of each and every month, or a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the proper authorities, and the provisions of this section shall be subject to the person or persons who shall hereinafter be provided for each officer, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 61173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 November 99

4. Place of Birth, (Street and Number) 1616 Barnes St

5. Full Name of Mother, Mary Verheek

6. Mother's Maiden Name, Mary Turek

7. Mother's Birthplace, Bahemia

8. Full Name of Father, Nichal Verheek

9. Father's Occupation, Schmacker

10. Father's Birthplace, Bahemia

Name of Medical Attendant, or other person who makes this Return, Joseph Conrad

Address, 1621 Barnes St

Remarks, 8940006017

RETURN OF A BIRTH. 61194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 10136

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth. white
4. Place of Birth. how 16th 1894

4. Place of Birth. (Street and Number). 681 Columbia ave

5. Full Name of Mother, Bulah Guthrie

6. Mother's Maiden Name, "
7. Mother's Birth, Cowan

7. Mother's Birthplace, Balto Co

8. Full Name of Father, J. J. Guthrie

9. Father's Occupation, Preacher

10. Father's Birthplace, _____
Name of Medical Attendant, _____

Name of Medical Attendant, or other person who makes this return, Geo R Graham
Address 324 12th St

Address, 725 Columbia Ave
Remarks, 844

Remarks, 8940006019

Wm. J. C. Dufany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Neg

3. Date of Birth, 5/18

4. Place of Birth, (Street and Number) 518

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, M. E. King

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E. King 545 Thackeray St Baltimore

Remarks, 18940006020

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of medicine, or a midwife, or a nurse, or a person or persons, the person or persons shall be liable to a fine of ten dollars for each offence, to be recovered as other fine offences are recoverable. If any such person or persons fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fine offences are recoverable.

RETURN OF A BIRTH. 61178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov 16 94

4. Place of Birth, (Street and Number) 421 W Saratoga St

5. Full Name of Mother, Lizzie Wilson

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry H. H. M.D.

Address, 677 W Lombard St

Remarks, _____

1 8 9 4 0 0 6 0 2 2

RETURN OF A BIRTH. 61179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17th November

4. Place of Birth, (Street and Number) Baltimore Md 1122 Cleveland

5. Full Name of Mother, Lizzie Smith

6. Mother's Maiden Name, Lizzie Roesser

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Charles J. Smith

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, M. W. George

Address, 711 - 21st Ave St

Remarks, 1 8 9 4 0 0 0 6 0 2 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and returned to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parents of such child to cause the same to be reported to the Commissioner of Health, in the manner and within the time prescribed by the provisions of the act, and any person or persons who shall fail to comply with the provisions of the act shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 November

4. Place of Birth, (Street and Number) 1515 Missana st

5. Full Name of Mother, Louise Engelhart

6. Mother's Maiden Name, Louise Dalason

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Treason

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 1055 89 St Gay st

Remarks, Alfred Schumann 0 0 0 0 2 4

and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth and any child shall occur without the attendance of a physician, the mother or parent or person in charge of the child shall be required to report its birth to the office of the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to be fined or imprisoned, or both, as the court may direct, and the said schedule shall be recoverable.

RETURN OF A BIRTH. 61182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 17th 1894*

4. Place of Birth, (Street and Number) *Kennedy's Lane*

5. Full Name of Mother, *Catherine Cornuth*

6. Mother's Maiden Name, *Greenman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph A. Cornuth*

9. Father's Occupation, *Foreman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *S. H. Seldner M. D.*

Address, *1501 N. Bager St.*

Remarks, *8940006026*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

Colared

3. *Date of Birth,*

November 17th 1894

4. *Place of Birth, (Street and Number).*

#620 Incidental Court

5. *Full Name of Mother,*

Mrs. Cooper

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

George Smith

9. Father's Occupation

Salmon

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return,

James F. Keat

Address,

804 Stirling Street

Remarks,

8940005027

Wm. J. C. Dufany Co., City Printers and Stationers.

61184

City.

7 in

Ferris

1

17. November 1894

1100 E. Fort Ave

Annie Grace Shumner

Gerwell

Baltimore

George Julius Schumann

Laboues

Baltimore

or other Person who
makes this Return.

Elizabeth Jewell

436 E Front Ave

8 9 4 0 0 0 6 0 2 8

CO., CITY PRINTERS AND STATIONERS.

61185-

[illegible]

viii

24

White

Nov. 17/94.

28. S. Washington Str.

Rosa Appelparth

Stenodes

Balto.

Jacob Appelgarth

Cannacker

Balto.

Mrs. Leisenhofer

2225 Gough St.

8 9 4 0 0 0 6 0 2 9

RETURN OF A BIRTH. 61186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

and sequence shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last lines of the space provided for the purpose, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, in the manner and with the effect herein provided, shall be liable to report its birth to the office of the Commissioner of Health, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Nov. 17 - 1894

4. Place of Birth, (Street and Number) 1818 Bank St.

5. Full Name of Mother, Barbara Jochlitz

6. Mother's Maiden Name, Wackel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles A. Jochlitz

9. Father's Occupation, Caloon Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, Mary Stein or other person who makes this Return

Address, 1427 E. Pratt St.

Remarks, 18940006032

RETURN OF A BIRTH. 61189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 17 1894

4. Place of Birth, (Street and Number) 423 N. Washington

5. Full Name of Mother, Elizabeth Schutte

6. Mother's Maiden Name, Elizabeth Werner

7. Mother's Birthplace, York Pa.

8. Full Name of Father, Henry B. Schutte

9. Father's Occupation, Photographer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. R. W. Mansfield

Address, 129 N. Madam

Remarks, _____

8940006033

person who signs it, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the office of the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 17 1890

4. Place of Birth, (Street and Number) 718 Ashland

5. Full Name of Mother, Rosie Ryan

6. Mother's Maiden Name, White

7. Mother's Birthplace, md-

8. Full Name of Father, Robert Ryan

9. Father's Occupation, Insurance Agent

10. Father's Birthplace, md-

Name of Medical Attendant, or other person who makes this Return, A. Wegesarth

Address, 805 Airguth St

Remarks, 18940006034

RETURN OF A BIRTH. 61192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*-

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 6 0 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

third shall be the record, and every month to the office of the Commissioner of Health, or to the office of the Registrar of Vital Statistics, for the purpose of reporting the birth of any child, and for the purpose of reporting the death of any person, or for the purpose of reporting the marriage of any person, or for the purpose of reporting the adoption of any child, or for the purpose of reporting the removal of any person from the city, or for the purpose of reporting the removal of any person from the county, or for the purpose of reporting the removal of any person from the State, or for the purpose of reporting the removal of any person from the United States, or for the purpose of reporting the removal of any person from the world.

RETURN OF A BIRTH. 61193
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 18th '94 -

4. Place of Birth, (Street and Number) 333 Pleasant St.

5. Full Name of Mother, Rosa Kelley

6. Mother's Maiden Name, Rosa Philburn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Kelley

9. Father's Occupation, Cabman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Uniceo M.D.

Address, City Hospital

Remarks, 8940006037

RETURN OF A BIRTH 61195 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940006039

First
Male
White
Nov 15th 1894
306 B. Ave St
Sarah Ann
Berry
City
Edward Lilly
Undertaker
City
J. Williams
1144 Chesapeake St

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur upon the first day of the month, the certificate shall be delivered to the Office of the Commissioner of Health immediately thereafter. It shall be the duty of a physician or practitioner of midwifery, or of a person or persons of such class as may be designated by the Board of Health, to report the birth of every child to the Office of the Commissioner of Health, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second months to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the birth of such child shall occur within the period above required, and the practitioner of midwifery or other person attending the birth shall fail to comply with the provisions of this act, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 1894

4. Place of Birth, (Street and Number) 320 S. Madiera Alley

5. Full Name of Mother, Maggie Zorn

6. Mother's Maiden Name, Eden

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. Zorn

9. Father's Occupation, Saloonkeeper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Lisenhofer

Address, 2225 Yonge St.

Remarks, 8940006040

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date when it was delivered. In case the birth of any child is reported to the office of the Commissioner of Health, the physician or practitioner of midwifery, or the mother or parents of such child, shall immediately thereafter, in the manner and within the time and under the penalties and provisions of the section above required, and shall report its birth to the office of the Commissioner of Health, in the manner and within the time and under the penalties and provisions of the section above required, and shall hereafter fail to comply with the provisions of the section above required, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 November 1894

4. Place of Birth, (Street and Number) 2011 Fauntleroy St

5. Full Name of Mother, Carrie Keitz

6. Mother's Maiden Name, Carrie Smith

7. Mother's Birthplace, Baltimore M.D

8. Full Name of Father, George Keitz

9. Father's Occupation, Lumber

10. Father's Birthplace, Baltimore M.D

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 564 S Washington St

Remarks, 8940006041

in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present, the birth of such child shall be reported to the office of the Commissioner of Health, in the manner provided in this section, and the provisions of this section shall be subject to the provisions of the Act relating to the birth of children for each offense, to be recovered as other fines and penalties.

RETURN OF A BIRTH. 61198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, # 18 / 94

4. Place of Birth. (Street and Number) # 1722 N. Lombard St.

5. Full Name of Mother, Mary Rosendale

6. Mother's Maiden Name, Feigers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Rosendale

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Lindner

Address, # 186 S. Monroe St.

Remarks, 1 8 9 4 0 0 6 0 4 2

RETURN OF A BIRTH. 61199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 November 1894

4. Place of Birth, (Street and Number) 381 Chapel St

5. Full Name of Mother, Magge Beckerheim

6. Mother's Maiden Name, Magge Snyder

7. Mother's Birthplace, Baltimore M.D

8. Full Name of Father, Geo Beckerheim

9. Father's Occupation, Lab.

10. Father's Birthplace, Baltimore M.D

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks, 18940006043

in cases the birth of any child
third day of each and every month to the office of the Commissioner of Health.
attendant upon the mother, immediately upon the birth of the child, and to the
any other person who shall fail to comply with the provisions of this act, shall be
subject to the fine of ten dollars for each offence, to be recovered as other fines are

RETURN OF A BIRTH. 61200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 18 - 1899
4. Place of Birth, (Street and Number) 248 Riverside Ave
5. Full Name of Mother, Mary A. Jones
6. Mother's Maiden Name, Wells
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles F. Jones
9. Father's Occupation, Life Insurance Agent
10. Father's Birthplace, Balto
- Name of Medical Attendant, Dr. J. B. Jones or other person who makes this Return.
- Address, 828 Light St
- Remarks, 8940006044

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 24

4. Place of Birth, (Street and Number) 1522 E. Fayette St

5. Full Name of Mother, Esther E. Hall

6. Mother's Maiden Name, Balto E. Hall

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles M. Hall

9. Father's Occupation, 1025 Chalmers St

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, 1025 Chalmers St

Address, 1025 Chalmers St

Remarks, 18940004045

RETURN OF A BIRTH. 61203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female boy

2. Race or Color, (if not of the white race) White

3. Date of Birth. November 18 1894

4. Place of Birth, (Street and Number) 246 Harrison street

5. Full Name of Mother. Simma Ribakow

6. Mother's Maiden Name. Simma Schumsky

7. Mother's Birthplace. Getamar Russia

8. Full Name of Father. Solomon Ribakow

9. Father's Occupation. Second hand clothing store

10. Father's Birthplace. Twar Russia

Name of Medical Attendant, or other person who makes this Return. Eva Kohn

Address. No. 246 Harrison st.

Remarks. Very good attended mother and fully in very good health

John Murphy & Co., City Printers and Stationers.

61204

NAME

WALTER Timothy Seidel

1621

1892

63-158

.....

Robert A. Welch

.....

[Faint handwritten notes at the bottom of the page]

Miss Clara L. H. W. K.

Carroll St

8 9 4 0 0 0 6 0 4 8

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health, or to the Registrar of Vital Statistics, in case the birth of any child shall occur during the month of January, immediately thereafter, it shall become the duty of the person or persons of which child to report its birth to the Registrar of Vital Statistics, and the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61205-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 18, 1914

4. Place of Birth, (Street and Number) 565 Laurus St

5. Full Name of Mother, Mellie Steffy

6. Mother's Maiden Name, McCombs

7. Mother's Birthplace, Williamsport Md

8. Full Name of Father, William M. Steffy

9. Father's Occupation, Book Keeper

10. Father's Birthplace, Williamsport Md

Name of Medical Attendant, or other person who makes this Return, W. B. Williams

Address, 1128 Cathedral St

Remarks, 8940006049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4
females
white

white

18th November 94

Franklin Road no number.

Johann Friedrich

Johanna Krieger

Germany

Henry Friedrich

Mick Mann

L. eximius

Friederike Kaulen Widuwe

2116 W. Pratt St.

8940006050

[illegible]

RETURN OF A BIRTH. 6/30/07

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov. 18, 1894

4. Place of Birth, (Street and Number) The Lungin Hospital 617 W. Lombard St

5. Full Name of Mother, Lena Lee

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry Huxley M.D.

Address, Senior Resident Phys

Remarks, _____

18940006051

and shall be delivered, fully signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, within the period of one month after the birth of the child. In case the birth of any child shall occur without the attendance of a practitioner, the mother or father shall be liable to a fine of ten dollars for each offense, to be recovered in other cases as provided by law.

RETURN OF A BIRTH. 61209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 19 - 94

4. Place of Birth, (Street and Number)

302 N. Eden

5. Full Name of Mother,

Francis A. Fogarty

6. Mother's Maiden Name,

" " Rock

7. Mother's Birthplace,

Balt

8. Full Name of Father,

James J. Fogarty

9. Father's Occupation,

Freeman

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Albrecht

Address,

143 N. Bond St

Remarks,

18940006053

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or parents of such child shall be liable to a fine of not more than five dollars for each offense, to be recovered as other fines are recovered. This section shall be subject to the provisions of the Act of the General Assembly of 1904, relating to the enforcement of the laws of this section.

RETURN OF A BIRTH. 61210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 19/94
4. Place of Birth, (Street and Number) 1132 E. Fayette St.
5. Full Name of Mother, Kathie Backer
6. Mother's Maiden Name, Baumer
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Backer
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer
- Address, 225 Gough St.
- Remarks, 8740006054

RETURN OF A BIRTH. ⁶¹²¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Malay

3. Date of Birth 19 Nov 1874

4. Place of Birth, (Street and Number) No. 622 N. St. Baltimore

5. Full Name of Mother, Mary E. Simon

6. Mother's Maiden Name, Marion Jennings

7. Mother's Birthplace, Belarus, Russia and

8. Full Name of Father, W. Earl Simon

9. Father's Occupation, *Die Clerk*

10. Father's Birthplace, Charles County, Md.

Medical Attendant, or other Person who makes this Return.

8940006055

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Health. In case the birth of any child shall occur on the day of the month, the physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, shall become the duty of the person or persons named, and shall report its birth to the Registrar of Health, in the manner and form provided by the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6/2/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

25

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 19th 1894

4. Place of Birth, (Street and Number)

3418 Elm Ave Hampden

5. Full Name of Mother,

Emma L. Burrier

6. Mother's Maiden Name,

Emma L. Riegle

7. Mother's Birthplace,

Adams Co. Pa

8. Full Name of Father,

Elmer L. Burrier

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Balt. Co. Md

Name of Medical Attendant,

or other person who makes this Return,

Geo. T. Shover M.D.

Address,

421 Roland Ave. Hampden

Remarks,

8940006057

RETURN OF A BIRTH. 61214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

19th of November 94

4. Place of Birth, (Street and Number)

929 Oregon Ave

5. Full Name of Mother.

Lena Rühl

6. Mother's Maiden Name.

Lena Hopmann

7. Mother's Birthplace.

Germany

8. Full Name of Father.

Johann Rühl

9. Father's Occupation.

Carpenter

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other person who makes this Return.

Friederike Heuler Midwife

Address.

216 W. Pratt St

Remarks.

18940006058

RETURN OF A BIRTH. 61215-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th Nov

4. Place of Birth, (Street and Number) 1554 Ridgland St

5. Full Name of Mother, Cora Gumpman

6. Mother's Maiden Name, Cora Burdin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George H. Gumpman

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Karslisch

Address, 2859 N. Fulton Avenue

Remarks, 18940006059

RETURN OF A BIRTH. 6/21/6 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 20/97

4. Place of Birth, (Street and Number) 1512 Hopkins Ave.

5. Full Name of Mother, Maggie Berger

6. Mother's Maiden Name, Withgraber

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Berger

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dineen

Address, 2225 South St.

Remarks, _____

1 8 9 4 0 0 0 6 0 6 0

6/2/97

GIVEN NAME ADDED 12-1-54.

125

Male

20 November 1894

503 E Font Ave.

Elizabeth Pearson Kelly
Pearson

Pearson

Dorchester Co Md

Edward M Kelly

Sabonen

Baltimore

Elizabeth Jewell

or other Person who
makes this Return

436 E Font Ave

8 9 4 0 0 0 6 0 6 1

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 61218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st of November 94

4. Place of Birth, (Street and Number) 325 Forrest St

5. Full Name of Mother, Mary Schläffer

6. Mother's Maiden Name, Mary Schläffer

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schläffer

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kauler Midwife

Address, 2116 W. Pratt St

Remarks, 1 8 9 4 0 0 0 6 0 6 2

and schedule shall be delivered, and deposited by the practitioner in the form of a certificate between the first and third day of each and every month in which a birth occurs, and shall be immediately thereafter, it shall become the duty of the practitioner to report the birth of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *VII*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 20/97*

4. Place of Birth, (Street and Number) *607 S. Carroll St.*

5. Full Name of Mother, *Kathie Betshin*

6. Mother's Maiden Name, *Klemmer*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Adolph Betshin*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Seisenhofer*

Address, *2225 Gough St.*

Remarks, *1 8 9 4 0 0 0 6 0 6 3*

RETURN OF A BIRTH. 61250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *20th of November 99*
 4. Place of Birth, (Street and Number) *2131 Christian St.*
 5. Full Name of Mother, *Mrs. Rausch*
 6. Mother's Maiden Name, *Mrs. Schneider*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Lorenz Rausch*
 9. Father's Occupation, *Labor.*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Friederike Heuser Midwife*
 Address, *2116 W. Pratt St.*
 Remarks, *8940006064*

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or of the parents of such child to cause the birth to be registered with the Commissioner of Health, in the manner and within the period provided for in this act, and any such person or persons who fail to comply with the provisions of this act shall be liable to a fine of not more than five dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 6/22/1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 20 1904

4. Place of Birth, (Street and Number) 35 Barnes St

5. Full Name of Mother, Elizabeth L. Dadd

6. Mother's Maiden Name, Squanders

7. Mother's Birthplace, England

8. Full Name of Father, James Dadd

9. Father's Occupation, Breakman on B & O R.R.

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this return, Wm. E. P. Brown

Address, 1878 Light St

Remarks, 8940000065

Full name - Charles Harvey Dadd

RETURN OF A BIRTH. 61228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Oct 20th 94*
4. Place of Birth, (Street and Number) *2431 Macdon*
5. Full Name of Mother, *Mary S. Sharrett*
6. Mother's Maiden Name, *Do*
7. Mother's Birthplace, *Do*
8. Full Name of Father, *Thaddeus S. Sharrett*
9. Father's Occupation, *U. S. Gun appraiser*
10. Father's Birthplace, *D.C.*
- Name of Medical Attendant, or other person who makes this Return, *Shuman F. Hill*
- Address, *1401 W. Fayette*
- Remarks, *18940006066*

Name of Medical Attendant, or other person who makes this Return, *Shuman & Hill*
Address, *1401 N. 3*

Remarks, 18940006066

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1525 S. Hughes St

Address, _____
Remarks, _____

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur at the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and shall be liable to a fine of ten dollars for each offence, to be recovered on other than a writ of habeas corpus, and the same shall be recoverable, notwithstanding the fact that the child may be dead.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1st

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) — wh

3. Date of Birth, Nov 21 - 94

3. Date of Birth, Nov 21 1901
4. Place of Birth, (Street and Number) 110 N. Pine St

5. Full Name of Mother, Amelia Harris

6. Mother's Maiden Name, Amelia Seligman

7. Mother's Birthplace, Italy

7. Mother's Birthplace,
8. Full Name of Father, David Harris

9. *Father's Occupation* Clerk

10. Father's Birthplace, Bala

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 6 0 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Nov-21-1894 - 10 a.m.

4. Place of Birth, (Street and Number) 1029 Harmony Lane

5. Full Name of Mother, Roseella F. Sykes

6. Mother's Maiden Name, Roseella Griffin

7. Mother's Birthplace, Chesapeake City and

8. Full Name of Father, Chas. W. Sykes

9. Father's Occupation, Welder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Briscoe

Address, City Hospital

Remarks, 8940006070

RETURN OF A BIRTH. 61227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 21/94

4. Place of Birth, (Street and Number) 2426 Canton Ave.

5. Full Name of Mother, Emma Salber

6. Mother's Maiden Name, Ulsch

7. Mother's Birthplace, Germany

8. Full Name of Father, John Salber

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Young St.

Remarks,

8940006071

Not to be filled out by the Registrar, but by the physician or practitioner in the form of a certificate, and to be filed in the office of the Registrar of Vital Statistics, Baltimore City, within three days of the birth of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents of the child shall be liable to a fine of five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 21/94

4. Place of Birth, (Street and Number) 117 L. Durham St.

5. Full Name of Mother, Kathie Fuchsinger

6. Mother's Maiden Name, Dawfeler

7. Mother's Birthplace, Balto.

8. Full Name of Father, Ulrich Fuchsinger

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Sinsinger

Address, 2225 Gough St

Remarks, 8940006072

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate, before the first and third day of each and every month to the office of the Commissioner of Health. In case the birth be attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the practitioner shall be responsible for the accuracy of the information furnished, and shall report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) ♂
 2. Race or Color, (if not of the white race) W
 3. Date of Birth, Nov 21st 1894
 4. Place of Birth, (Street and Number) 1015 WSA Lexington St
 5. Full Name of Mother, Estie Snyder
 6. Mother's Maiden Name, Lehner
 7. Mother's Birthplace, City
 8. Full Name of Father, Barrett Snyder
 9. Father's Occupation, Baker
 10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, M. S. Leedy
- Address, 1004 W Lexington St
- Remarks, 8940006073

RETURN OF A BIRTH 61231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number). 1428 Dallas St

5. Full Name of Mother, Barbara Paulas

6. Mother's Maiden Name, Barber Rance

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1621 Barnes

Remarks,

8 9 4 0 0 0 6 0 7 5

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6/23/32

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 November 94

4. Place of Birth, (Street and Number) 1034 Central ave

5. Full Name of Mother, Francis Zedlank

6. Mother's Maiden Name, Francis Lehnitz

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Charles Zedlank

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephson Conrad

Address, 1621 Barnes

Remarks,

8940006076

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health,
 Alice Charlotte Pines
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Name of Applicant, E. Oram M.
Address, 1427 E. Oram St.

Remarks, 1 8 9 4 0 0 0 6 0 7 7h 7h

Wm. J. C. Dulany Co., City Printers and Stationers.

and shall be delivered, duly signed by the midwife, at the hour of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered. The Commissioner of Health, in the manner and within the time provided above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

GIVEN NAME ADDED 10-1-57 61234
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Graham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 2-1894

4. Place of Birth, (Street and Number)

3024 E. 11th St

5. Full Name of Mother,

Catherine

6. Mother's Maiden Name,

Barney

7. Mother's Birthplace,

Belmont

8. Full Name of Father,

Thomas Graham

9. Father's Occupation,

laborer

10. Father's Birthplace,

Belmont

Name of Medical Attendant, or other person who makes this Return.

E. H. Williams

Address,

1114 Chesapeake St

Remarks,

18940006078

RETURN OF A BIRTH. 61235-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 0 7 9

third day of each and every month to the office of the Registrar of Health, in case the birth of any child shall occur without the attendance of a physician, or midwife, or other person, or the person or persons attending the birth of the child shall be required to file a return of the birth of the child, in the manner and form provided in this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of a child shall occur without the attendance of a physician or practitioner of medicine, the mother or other person who shall be in attendance upon the mother, immediately after the birth of the child, shall report its birth to the Office of Health, in the manner and within the time provided above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First -
Female

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

448 Lexington Ave. (approx)

3. Date of Birth,

Nov 22-94

4. Place of Birth, (Street and Number)

Elizabeth A. Erdman

5. Full Name of Mother,

Carroll

6. Mother's Maiden Name,

Salte

7. Mother's Birthplace,

Robert A. Erdman

8. Full Name of Father,

Lauryman

9. Father's Occupation

Salte

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary W. Wellwell

Address,

1435 N. Bond St

Remarks,

18940006080

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and second of the month of January, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or midwife, or practitioner of health, it shall become the duty of the parent or parents of such child to report the same to the Commissioner of Health, in the form of a certificate, within the period above required, and to exhibit to the Commissioner of Health, in the form of a certificate, the name of the person or persons who shall be held responsible for each offence to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten dollars for each offence.

ENTER NAME ADDED 15-13-34
RETURN OF A BIRTH. 6/237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter J. O'Brien First.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Nov 22/94

3. Date of Birth,

325 N. Stricker St.

4. Place of Birth, (Street and Number)

Carrie Befeldt. O'Brien

5. Full Name of Mother,

Befeldt.

6. Mother's Maiden Name,

Balts.

7. Mother's Birthplace,

Walter E. O'Brien

8. Full Name of Father,

Balts.

9. Father's Occupation,

Balts.

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

W. H. Woodward M.D.

Address,

939 W. Gay St.

Remarks,

18940006081

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately after the birth of the child, the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22, 1894
4. Place of Birth, (Street and Number) 126 West St
5. Full Name of Mother, Edla Smoler
6. Mother's Maiden Name, Edla Mahan
7. Mother's Birthplace, Pala
8. Full Name of Father, Joseph Smoler
9. Father's Occupation, Shoe
10. Father's Birthplace, Pala
- Name of Medical Attendant, or other person who makes this Return, Mary S. Wayne
- Address, 824 Canton St.
- Remarks, 6940006082

RETURN OF A BIRTH. 61239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child shall occur on the third day of each and every month to the office of the Commissioner of Health, or at any other place, the mother, immediately after the birth of the child, shall be required to report its birth to the office of the Commissioner of Health, in the manner and within the time specified in this section, and the failure to do so shall be a misdemeanor, and the offender shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recovered.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 22 1894

4. Place of Birth, (Street and Number) 1141 Columbia ave

5. Full Name of Mother, Laura Kritwise

6. Mother's Maiden Name, Cane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred K. Kritwise

9. Father's Occupation, Baltimore

10. Father's Birthplace, Geo. R. Haham MD

Name of Medical Attendant, or other person who makes this Return, Geo. R. Haham MD

Address, 827 Columbia ave
8 40006083

Remarks,

RETURN OF A BIRTH. 61540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 November

4. Place of Birth, (Street and Number) 633 Myrtle

5. Full Name of Mother, Annie A. Cramer

6. Mother's Maiden Name, Annie A. Martin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph F. Cramer

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs

Address, 711 N. Broad St.

Remarks, 8940006084

been contracted in any case, and every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth, the mother or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 61241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Nov. 22nd 1894*

4. Place of Birth, (Street and Number) *Francis St. near Baltimore Ave.*

5. Full Name of Mother, *Emma Sears.*

6. Mother's Maiden Name, *" Hoff.*

7. Mother's Birthplace, *Baltimore City, Md.*

8. Full Name of Father, *John H. Sears*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *C. L. Shower, M.D.*

Address, *2510 Penna. Ave.*

Remarks, *18740006085*

and schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and with the effect herein provided. No person or parents of such child shall occur without the attendance of a duly licensed practitioner of midwifery, or should no other person be in attendance, as required by law, the Commissioner of Health, in the manner and with the effect herein provided. This section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22, 1894
4. Place of Birth, (Street and Number) 426 E. Pratt Ave.
5. Full Name of Mother, Florance E. Thomas
6. Mother's Maiden Name, Florance E. Long
7. Mother's Birthplace, Maryland
8. Full Name of Father, William H. Thomas
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Edw. H. Thomas, M.D.
- Address, 914 N. Charles St.
- Remarks, 8940006086

said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person so attending shall be liable to a fine of ten dollars for each such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

GIVEN NAME ADDED 3-11-59
RETURN OF A BIRTH. 61243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Frank Scott, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 22nd 1898
4. Place of Birth, (Street and Number) 320 N. Stricker St.
5. Full Name of Mother, Mary Cecelia Scott
6. Mother's Maiden Name, " Gallagher
7. Mother's Birthplace, Ellicott City, Md.
8. Full Name of Father, George F. Scott
9. Father's Occupation, Clerk
10. Father's Birthplace, Ellicott City, Md.
- Name of Medical Attendant, or other person who makes this Return, Joseph G. Wender
- Address, 1078 W. Bayview Dr.
- Remarks, L 89 40006087

61244

[illegible]

Female

Colored

22th of November

No 30th Church St

Catherine Parvis

Catherine Stodder

North Carolina

Daniel Strodder

Brick layer

W. Virginia

or other Person who
makes this Return

Mary Smith

No 331 Hamburg St

8 9 4 0 0 0 6 0 8 8

RETURN OF A BIRTH. 61245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, Apr 22, (6, 30 P. M.)

4. Place of Birth, (Street and Number) 2012 Hillman Street - Canton,

5. Full Name of Mother, Caroline Neubert

6. Mother's Maiden Name, Walwood

7. Mother's Birthplace, Hausenstadt b. Rosenberg - Germany

8. Full Name of Father, Ludwig Neubert

9. Father's Occupation, Laborer

10. Father's Birthplace, Hausenstadt b. Rosenberg - Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Haas, from the

Address, Morning Dispensary, 614 S. Charles Street

Remarks, 1 8 9 4 0 0 0 6 0 8 9

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent or person in attendance upon the infant shall become the duty of the person or persons of such age and legal capacity as shall be designated in the certificate, in the manner and within the time specified in the provisions of the Act, and shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61246 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. th

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) _____

3. Date of Birth, November 29. 1894.

4. Place of Birth, (Street and Number) 2045 1/2 Ave. Street.

5. Full Name of Mother, Haga Adamska.

6. Mother's Maiden Name, Haga Janowska.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Albert Adamski

9. Father's Occupation, Labrer

10. Father's Birthplace, Germany.

Name of Medical Attendant, Miss D. Lierseman
or other person who makes this Return.

Address, 1235 Hare Street.

Remarks, 8940006090

RETURN OF A BIRTH. 61247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 November 1894.

4. Place of Birth, (Street and Number) 2050 Hare street

5. Full Name of Mother, Rosa Koll

6. Mother's Maiden Name, Rosa Mieser

7. Mother's Birthplace, Russland

8. Full Name of Father, Charles Koll.

9. Father's Occupation, Laborer

10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, John P. Licesmann

Address, 1235 Hare street.

Remarks, 1 8 9 4 0 0 0 6 0 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61248
Sanitation Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number). *AL*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, _____ makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 0 9 2

Wm. J. C. Dulaay Co., City Printers and Stationers

[illegible]

RETURN OF A BIRTH. 61249 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 1st

1. Sex, (state whether male or female) — Female

2. Race or Color, (if not of the white race) — White

3. Date of Birth, — Nov. 22/94

4. Place of Birth, (Street and Number) — Watergate Hospital, 116 W. Lombard St.

5. Full Name of Mother, — Laura Rivers

6. Mother's Maiden Name, — Florida

7. Mother's Birthplace, — Unknown

8. Full Name of Father, — "

9. Father's Occupation, — "

10. Father's Birthplace, — "

Name of Medical Attendant, or other person who makes this Return, — Alfred L. Green, M.D.

Address, — 116 W. Lombard St.

Remarks, —

8940006093

RETURN OF A BIRTH. 61250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 23, 1894

4. Place of Birth, (Street and Number) 1144 Ridgely St.

5. Full Name of Mother, Mrs Katie Hanson

6. Mother's Maiden Name, Katie Eitel

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James W. Hanson

9. Father's Occupation, Trimmer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mangr

Address, 711. Wm St

Remarks, 8940006094

RETURN OF A BIRTH. 61257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 November 1944

4. Place of Birth, (Street and Number) - 607 Durham St

5. Full Name of Mother, Amelia Howell

6. Mother's Maiden Name, Louella Gatz

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, George Hanel

9. Father's Occupation..... *Lumber*

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8 9 4 0 0 0 6 0 9 5

GIVEN NAME ADDED - 12/11/73

RETURN OF A BIRTH. 61253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edith M. Crowson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)--

3. *Date of Birth,*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother, -

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8940006097

Filed: 1894

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the office of the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar. 23rd.

4. Place of Birth, (Street and Number)

625 Tremont road

5. Full Name of Mother,

Mollie Ruth

6. Mother's Maiden Name,

" Bell

7. Mother's Birthplace,

Cambridge Mass

8. Full Name of Father,

Joe Ruth

9. Father's Occupation,

Ice keeper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

M. J. Leman

Address,

1313 W. Baltimore St

Remarks,

slung 8 4 0 0 0 6 0 9 8 2 0 0 0

RETURN OF A BIRTH. 61255-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother by a physician or practitioner of midwifery, or should any other child be born, immediately thereafter, it shall become the duty of the practitioner or person attending the mother to cause the birth record to be filed with the Commissioner of Health, in the manner and within the time herein provided. No collection shall be made for the registration of birth records, and no child hereafter fall to comply with the provisions of this act, and no child hereafter born, whose father and mother shall, for each offence, to be observed in other places and of persons, be recoverable, and any such child or person or persons shall be liable to a fine of ten dollars for each offence.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored race*

3. Date of Birth, *Born Nov. 23rd 1894*

4. Place of Birth, (Street and Number) *237 N. Calhoun St. Baltimore Md.*

5. Full Name of Mother, *Rosie Thomas*

6. Mother's Maiden Name, *Rosie Roberts*

7. Mother's Birthplace, *Summerset County Md.*

8. Full Name of Father, *Gezette Roberts*

9. Father's Occupation, *Stainer Laborer*

10. Father's Birthplace, *Summerset County Md.*

Name of Medical Attendant, *Georgiana Brooks*
or other person who makes this Return.

Address, *1757 Mulberry St.*

Remarks, *No remarks* 4 0 0 0 6 0 9 9

RETURN OF A BIRTH. 61256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, November 23d 1894

4. Place of Birth, (Street and Number) 247m. High St.

5. Full Name of Mother, Laura Richardson

6. *Mother's Maiden Name,*

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis Blumenthal

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 1 0 0

been conferred thereon, deliver the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the practitioner in the form of a certificate bearing the name of the child, the name of the practitioner, the date of birth, and the date of the certificate. In case the birth of any child is attended upon by a physician or practitioner, it shall become the duty of the practitioner to notify the child's parents immediately thereafter in the manner and within the period above provided for such notification. Any physician or practitioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 November 1894
4. Place of Birth, (Street and Number) 516 Chapel St
5. Full Name of Mother, Annie Kraver
6. Mother's Maiden Name, Annie Redman
7. Mother's Birthplace, England
8. Full Name of Father, John Kraver
9. Father's Occupation, Teacher
10. Father's Birthplace, England
Name of Medical Attendant, or other person who makes this Return, Ellen Smith
Address, 504 Washington St
Remarks, 8940006101

RETURN OF A BIRTH. 61258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*—

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8940006102

third schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second schedule and every schedule shall be delivered to the office of the Commissioner of Health. In case the birth of an infant shall occur without the assistance of a physician or practitioner of midwifery, or should the mother or parents of such infant occur without the assistance of either, immediately thereafter it shall become the duty of the practitioner above required, and of the practitioner in his place, to deliver to the Commissioner of Health, in the form of a certificate, this section shall be subject to the provisions of the law relating to the recovery of such person or persons, who shall hereafter fall to be recovered as other fines and forfeitures are recoverable. Subject to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. *Race or Color.* (if not of the white race).

3. Date of Birth, June 24 1896

4. Place of Birth, (Street and Number) Newington Hospital 622 to Lombard St

5. Full Name of Mother, Lucy Walker

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8440006103

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Colored. Female.

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 24, 1894

4. Place of Birth, (Street and Number) - 512 Peach St.

5. Full Name of Mother, Mary E. Garrison

6. Mother's Maiden Name, Mary C. Parker.

7. Mother's Birthplace, Galena, Ill.

8. Full Name of Father, William Garrison

9. Father's Occupation Cybernetician

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. Davis

Address, 813 Leadenhall Street.

Remarks,

8940006104

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 24, 1894
4. Place of Birth, (Street and Number) 2101 Division Street
5. Full Name of Mother, Maggie Jane Gilleland
6. Mother's Maiden Name, Martin
7. Mother's Birthplace, Cecil Co. Md.
8. Full Name of Father, Samuel M. Gilleland
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return, Mrs. E. Miller M.D.
Address, 2237 Penna. Ave.
Remarks, 8940006105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks. 8 4 0 0 0 6 0 6

RETURN OF A BIRTH. 61273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24. Nov. 1894

4. Place of Birth, (Street and Number) 187. Harrison St

5. Full Name of Mother, Rosa Hartlieb

6. Mother's Maiden Name, Rosa Boeckstein

7. Mother's Birthplace, Germany

8. Full Name of Father, Valentin Hartlieb

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Fink Wedowiz

Address, 1. 1417. E. Eager St.

Remarks,

8940006107

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines in this section are recoverable.

RETURN OF A BIRTH. 61275-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

3. Date of Birth.

Nov 24 - 94

4. Place of Birth, (Street and Number).

2003 E. Preston

5. Full Name of Mother,

Lena Williams

6. Mother's Maiden Name,

Joanmuller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Williams

9. Father's Occupation,

Copper Smith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Mary W. Gilwell

Address,

1435 N. Bond st

Remarks,

8940006109

RETURN OF A BIRTH. 61277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov. 24 1909
 4. Place of Birth, (Street and Number) 1141 Thomas Str.
 5. Full Name of Mother, Anna Maria Hermann
 6. Mother's Maiden Name, Reisinger
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Fred. A. Hermann
 9. Father's Occupation, Cigarmaker
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhoffer
 Address, 2225 Gough St
 Remarks, See document file Reg. No. A 61277
8940006111-Reg.
6-25-40

THE
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance, the mother or parent of such child shall be liable to the Commissioner of Health, in the manner and within the time specified in this section, shall be sub-
jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *November 24th '94*

4. Place of Birth, (Street and Number) *205 Canal St.*

5. Full Name of Mother, *Eliza Taylor*

6. Mother's Maiden Name, *Eliza Taylor*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Charles Jones*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Eda Black M.D.*

Address, *Hospital of the Good Samaritan 1030 N. Calhoun*

Remarks, *1 8 9 4 0 0 0 6 1 1 3*

This is a female child

RETURN OF A BIRTH. 6/28/0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Gaynell Young*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Confinement

1. Sex, (state whether male or female)

A girl + a boy

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Girl 6.30 P.M., Boy 7 P.M., Nov. 27

4. Place of Birth, (Street and Number)

1105 N. Carrollton Ave.

5. Full Name of Mother,

Bessie E. Young

6. Mother's Maiden Name,

Bessie E. Harbaugh

7. Mother's Birthplace,

Fredrick Co, Md.

8. Full Name of Father,

Martin C. Young

9. Father's Occupation,

Miller

10. Father's Birthplace,

Fredrick Co, Md.

Name of Medical Attendant, or other person who makes this Return.

E. C. Applegarth, M.D.

Address,

8 E. Montgomery St.

Remarks,

Post presentation 40 0 0 1 1/4 + no

perforal trouble.

RETURN OF A BIRTH 61281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

8 7 4 0 0 0 6 1 1 5

in case the birth of any child is attended by the death of the mother, or if the child or other persons be in such a condition as to require medical attention, the physician or practitioner of medicine or surgery, or the midwife, shall be under the duty of the period above specified to report the birth of the child to the Registrar of Vital Statistics, in the manner and within the time specified, and shall be subject to the penalty of a fine of ten dollars for each offence, to be recovered as other fines are recovered.

RETURN OF A BIRTH. 61387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 November 1896

4. Place of Birth, (Street and Number) 1210 Patterson St

5. Full Name of Mother, Anna Berkman

6. Mother's Maiden Name, Clark

7. Mother's Birthplace, New York

8. Full Name of Father, George Berkman

9. Father's Occupation, Labor

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs. B. F. Brooke

Address, 503 E. 1st St

Remarks, 1896

18940006116

RETURN OF A BIRTH 61583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 24 November 1894

4. Place of Birth, (Street and Number) 2330 Grand Hill Avenue

5. Full Name of Mother, Anna Platt

6. Mother's Maiden Name, Anna Geisner

7. Mother's Birthplace, Biedenkopf, Hessen Nassau

8. Full Name of Father, Louis A. E. Platt

9. Father's Occupation, Lithographer

10. Father's Birthplace, Biedenkopf, Hessen Nassau

Name of Medical Attendant, L. Reinhardt or other person who makes this Return.

Address, 220 W. Madison Street

Remarks, 18940006117

shall occur without the attendance of a physician or practitioner of midwifery, or shall any other person be in attendance upon the mother, during the period above mentioned, and within the period above mentioned, shall be subject to report its birth to the Commissioner of Health, in the manner and form provided by law, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 6/28/94.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov-25-1894

4. Place of Birth, (Street and Number) 1615 North Carey St

5. Full Name of Mother, Barbara Kelley

6. Mother's Maiden Name, Barbara Humphreys

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Washington Kelly

9. Father's Occupation, Carriage Cart

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. M. S. Humphreys or other person who makes this Return.

Address, 731 Carroll St

Remarks, _____

8940203118

third day of each and every month to the office of the Commissioner of Health, in the manner and within the period prescribed by the Board of Health, and who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than one hundred dollars for each offense, to be recovered as other fines in such cases are recoverable.

RETURN OF A BIRTH 67283- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, November 25

4. Place of Birth, (Street and Number) #805 Vine st City

5. Full Name of Mother, Christina Elisabeth Ellis

6. Mother's Maiden Name, Christina Elisabeth Stuhl

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Thomas Warren Ellis

9. Father's Occupation, Pipe Fitter

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Kate A. Gaiglein

Remarks, No. 805 Vine St.

8940006119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

Female

White

Nov 25 1897

1608 E. Preston

Emma L. Barton

Wheeler

Letter

Willard L. Barton

Machinist

6-14

or other person who makes this Return.

Broadway

L. B. Schwaska M.D.
Way

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

8 9 4 0 5 0 6 1 2

RETURN OF A BIRTH. 61288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and the
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a practitioner or midwife, the person who would no other person be in
attendance shall be deemed to be the practitioner or midwife, and shall be liable to the same penalties as
any child to report its birth to the Commissioner of Health, in the manner and within the time and under the
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the due of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 25/94
4. Place of Birth, (Street and Number) 320 S. Dallas St.
5. Full Name of Mother, Maggie Jordan
6. Mother's Maiden Name, Loty
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Jordan
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer
- Address, 225 Lough St.
- Remarks, _____

189405122

RETURN OF A BIRTH. 61289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 25/94

4. Place of Birth, (Street and Number) 211 S. Register St.

5. Full Name of Mother, Mathilda Hoffman

6. Mother's Maiden Name, " Herkenrother

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Hoffman

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisnuker

Address, 2225 Gould St.

Remarks, _____

18940006123

and the male shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth of a child, the practitioner shall become the duty of the person or persons of such age as shall hereafter fail to comply with the provisions of this act, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

61290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 25 1894

4. Place of Birth, (Street and Number) 2531 East Ave.

5. Full Name of Mother, Margaret F. Reese

6. Mother's Maiden Name, Margaret Snider

7. Mother's Birthplace, Balt.

8. Full Name of Father, Henry F. Reese

9. Father's Occupation, Editor

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Mary J. Dwayne

Address, 224 Canton St.

Remarks, _____

18940006124

RETURN OF A BIRTH. 61292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 25th 1940

4. Place of Birth, (Street and Number) 809 Sharp St.

5. Full Name of Mother, Maria Gebhard

6. Mother's Maiden Name, Hascup

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, William Gebhard

9. Father's Occupation, Glassblower

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks,

8944006125

RETURN OF A BIRTH. 61293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and schedule shall be delivered, duly signed by the parent, the date and place of birth, and the sex, race or color, date of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, address, and remarks, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parent or person who shall report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *25 of November*
 4. Place of Birth, (Street and Number) *247 Chase Street*
 5. Full Name of Mother, *Kate Schmedes*
 6. Mother's Maiden Name, *Kate Schmedes*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Wm. Schmedes*
 9. Father's Occupation, *Blacksmith*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Christina Lane*
 Address, *159 Maryland*
 Remarks, *1894*

8940006127

and schedule shall be delivered, only signed by the practitioner in person, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. If a physician or practitioner of midwifery, or should no other person be in attendance at the birth, he shall become the duly of the person, and shall be liable to the same penalties as if he had been present. Any person who fails to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24th November*
4. Place of Birth, (Street and Number) *#1211 East Biddle St*
5. Full Name of Mother, *Mary Miller*
6. Mother's Maiden Name, *Mary Brown*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Miller*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Dr. Christiana L. L. L.*
or other person who makes this Return.
- Address, *1029 Harford Ave*
- Remarks, *1894*

1 8 9 4 0 0 6 1 2 8

RETURN OF A BIRTH. 61295-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

[illegible]~~8 9 4 0 0 0 5 1 2 9~~

RETURN OF A BIRTH ⁶¹²⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

25th November 1894

4. Place of Birth, (Street and Number)

552 E Fort Ave

5. Full Name of Mother,

Elana Josephine Bell

6. Mother's Maiden Name,

Sullivan

7. Mother's Birthplace,

White Oak Md

8. Full Name of Father,

Walter Bell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Yernell

Address.

436 E Fort Ave

Remarks,

RETURN OF A BIRTH. 61297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940006131

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur upon the birth of the mother, immediately thereafter the person or persons who attended the birth of the child shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 23, 1898
4. Place of Birth, (Street and Number) 330 St. Paul St.
5. Full Name of Mother, Estelle Wick
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other person who makes this Return, Harry G. Wiley M.D.
- Address, 622 W. Lombard St.
- Remarks,

RETURN OF A BIRTH 61599

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

First

Female

White

November 26th, 1894.

802 Harlem Ave.

Lilly Dinkelman,

Mezger

Baltimore, Md.

Charles Henry Dinkelman,

Clerk.

Baltimore, Md.

Sam W. Knight M.D.,

414 N. Greene St.

8940006137

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should to other person be in attendance upon the mother, the physician or practitioner of midwifery, or the person or persons of such class, shall be bound to report the birth of such child to the Commissioner of Health, in the manner and form provided by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of not more than five dollars, which fine shall be recoverable.

RETURN OF A BIRTH. 61300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth.*

1. Sex, (state whether male or female),

Female Male

2. Race or Color, (if not of the white race),

White

3. Date of Birth,

November 26th 1894

4. Place of Birth, (Street and Number)

1301 Hull St. Locust Point

5. Full Name of Mother,

Maggie Frutiger

6. Mother's Maiden Name,

Maggie Susan

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Fredrick. W. Frutiger

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

Margaret Ettl.

Address,

1619 Cuba St

Remarks,

Balt

8940006134

61302

RETURN OF A BIRTH.

61302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the fifth and the tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on a day other than the fifth or tenth day of any month, the practitioner shall deliver the certificate to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, on the first day of the month following the birth of the child. Any practitioner who fails to deliver the certificate as required by this section shall be subject to the provisions of the law for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 26th 94

4. Place of Birth, (Street and Number) 826 N. Lamar

5. Full Name of Mother, Henrietta J. Miller

6. Mother's Maiden Name, Henrietta J. Washburn

7. Mother's Birthplace, Summit Co. Ind

8. Full Name of Father, Henry Miller

9. Father's Occupation, Laborer

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Herman J. Miller, M.D.

Address, 1401 W. Fayette

Remarks,

8940006136

RETURN OF A BIRTH 61303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 26 1894

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1003

Remarks,

[illegible]

RETURN OF A BIRTH 61304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

[illegible]

First
Temple
White
26th Nov 1894
323 Dillon St
Mazzy Jones
Adm
Mayfield
William Henry Figg
Insurance Agent
City
Ex. Williams. U.S.
1114 Chesapeake St.

6 9 4 0 0 0 6 1 3 8

RETURN OF A BIRTH. 6/30/35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 26 1935*

4. Place of Birth, (Street and Number) *1373 E North Ave*

5. Full Name of Mother, *Mary Hunt*

6. Mother's Maiden Name, *Mary Dunning*

7. Mother's Birthplace, *Fredrick Md*

8. Full Name of Father, *Wm Hunt*

9. Father's Occupation, *Gas Fitter*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, *Dr. Edgar M. D.*

Address, *1120 E Monument St*

Remarks, *Child's 4000 gms, 13 1/2 lbs, delivery*

Medical attendants and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on such day, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *Nov. 26.*

4. Place of Birth, (Street and Number) *Chapin street 1013.*

5. Full Name of Mother, *Mary E. Buss*

6. Mother's Maiden Name, *Mary E. Bradley*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *John H. Buss.*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Eastern Shore.*

Name of Medical Attendant, or other person who makes this Return, *Dealia Howard.*

Address, *1013 North Chapin street.*

Remarks, *CP CP CP CP CP*

18940005140

RETURN OF A BIRTH. 61307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 26

4. Place of Birth, (Street and Number) 2002 Olive st

5. Full Name of Mother, Maggie Kent

6. Mother's Maiden Name, Maggie Rafe

7. Mother's Birthplace, Calvert County

8. Full Name of Father, John Gilbert Kent

9. Father's Occupation, Works in coal

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Millie Gross

Address, 17 Winder

Remarks,

8940006141

RETURN OF A BIRTH 61305 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st + 2nd (Twins)*
1. Sex, (state whether male or female) *Both Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 26th 1894*
4. Place of Birth, (Street and Number) *#318 S Washington St*
5. Full Name of Mother, *Lda Klenick*
6. Mother's Maiden Name, *" Rodgers*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *John Klenick*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other person who makes this Return, *W. H. Schwatka M.D.*
- Address, *#2429 Fair Av*
- Remarks,

8940006142

61309

more City.

Third

Male

W. H. H. H.

November 26, 1894.

No. 1711 Hartford ave

Rosie Howe

Bessie Wilson

More land

Thomas Howe

Engineer

Ireland

Aug. G. Blawell M.D.

1741 Hartford Ave

Remarks,

8940006143

[illegible]

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report the birth of such child to the office of the Commissioner of Health, and the provisions of this section shall be applicable to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 26, 1894
4. Place of Birth, (Street and Number) No. 1070 Grand Street
5. Full Name of Mother, Anna B. Reichardt
6. Mother's Maiden Name, Anna B. Kain
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, George Reichardt
9. Father's Occupation, Carpenter
10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, or other person who makes this Return, Aug. A. Clewold M.D.
- Address, 1741 Hanford Ave
- Remarks, _____

894060144

RETURN OF A BIRTH. 61311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
 1. Sex, (state whether male or female) ~~Female~~ Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov 26th
 4. Place of Birth, (Street and Number) 804 N Hopkins Ave (East Baeto)
 5. Full Name of Mother, Elizabeth C Murry
 6. Mother's Maiden Name, Elizabeth C Teron
 7. Mother's Birthplace, Brooklyn NY
 8. Full Name of Father, Edwin R Murry
 9. Father's Occupation, Chain Maker
 10. Father's Birthplace, Richmond Va
 Name of Medical Attendant, or other person who makes this Return, Relia Howard
 Address, 1018 N Chapel St
 Remarks,

8940006145

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wc.

3. Date of Birth, Nov. 26, 1891

4. Place of Birth, (Street and Number) Free Hospital 675 Co. Lombard St.

5. Full Name of Mother, Julia Conway

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Larry H. H. M.D.

Address, Senior Resident Physician

Remarks, _____

And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to be filed in the office of the Registrar of Vital Statistics, and the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov. 26/94
4. Place of Birth, (Street and Number) Maternity Hospital, 15 W. Lombard St.
5. Full Name of Mother, Minnie Wellheim
6. Mother's Maiden Name, Minnie Wellheim
7. Mother's Birthplace, Germany
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Alfred J. Sunday M.D.
- Address, 115 W. Lombard St.
- Remarks, _____

18940006147

and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, the birth shall be reported to the Commissioner of Health, in the manner and within the time herein prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6/315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27th Nov. 1894

4. Place of Birth, (Street and Number)

2324 Edgmont Ave

5. Full Name of Mother,

Lucia E. Roberts

6. Mother's Maiden Name,

Tyler

7. Mother's Birthplace,

City

8. Full Name of Father,

Adrian B. Roberts

9. Father's Occupation,

Clerk

10. Father's Birthplace,

City

Name of Medical Attendant,

or other person who makes this Return.

Dr. Thomas M.D.

Address,

1835 E. Baltimore St.

Remarks,

1 8 9 4 0 0 0 6 1 4 9

RETURN OF A BIRTH. 61316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... /

1. *Sex.* (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,...

Remarks,

8 9 4 0 0 0 5 1 5 0

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to cause the birth of such child to be registered in the said schedule, and if it is not so registered, the parent or parents of such child shall be liable for each offense to the sum of ten dollars.

RETURN OF A BIRTH⁶¹³¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 27th 1890

4. Place of Birth, (Street and Number) 235 N. Schroeder St. Balt. Md.

5. Full Name of Mother, Mary Courts

6. Mother's Maiden Name, Mary Congrove

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Johann Friedrich Courts

9. Father's Occupation, Boilermaker

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Susan V. Hute

Address, 235 N. Schroeder St. Balt. Md.

Remarks, _____

RETURN OF A BIRTH. 6/3/8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).... *Female*

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Pinus* & *Juniperus*

1990

Amesbury.

REMARKS.

8 9 4 0 0 0 6 1 5 2

This schedule shall be delivered duly signed by the practitioner in the form of a certificate to the Office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of such child, to the Office of the Commissioner of Health, in the manner and within the time herein provided, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

11th

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

27th of November 1909

4. Place of Birth, (Street and Number).....

1909 Wilhelm St.

5. Full Name of Mother,.....

Aliese Scheising

6. Mother's Maiden Name,.....

Aliese Prins

7. Mother's Birthplace,.....

Balta

8. Full Name of Father,.....

John Scheising

9. Father's Occupation,.....

Cigar maker

10. Father's Birthplace,.....

Balta

Name of Medical Attendant,.....

or other person who makes this Return.

Friederike Heuler Midwife

Address,.....

2116 West Pratt St.

Remarks,.....

8940006153

RETURN OF A BIRTH. 61320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the mother and father of such child, or either of them, shall become the duty of the person or persons of each of any such person or persons, to appear before the Commissioner of Health, in the number and within the period above required, and to pay to the Commissioner of Health, for each child hereafter born to comply with the provisions of this section, shall be nil—dollars for each offence, to be recovered at other times and places as the Commission may determine. The said penalties are recoverable.

8940006154

any day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the mother, immediately after the birth of the child, the mother, immediately after the birth of the child, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 27/94
4. Place of Birth, (Street and Number) 215 W. Bore St-
5. Full Name of Mother, Lucy May Bickhead
6. Mother's Maiden Name, Lucy May Wheatley
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, William R. Bickhead
9. Father's Occupation, Pipeman Balto City Fire Department
10. Father's Birthplace, Anne Arundel Co Md
Name of Medical Attendant, or other person who makes this Return, E. Richardson
Address, 407 S. Sharp St-
Remarks, _____

8940005155

parents, the date and place of birth, and this said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Office of the Commissioner of Health. In case the birth of any child shall be reported to the Commissioner of Health, he shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

8940006157

RETURN OF A BIRTH. 61324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color. (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the time herein provided, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

61315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Nov 27-94

4. Place of Birth, (Street and Number) 1803 Frederick Ave.

5. Full Name of Mother, Emma K. Macconachy

6. Mother's Maiden Name, Kieffer

7. Mother's Birthplace, Philadelphia Pa.

8. Full Name of Father, Samuel C. Macconachy

9. Father's Occupation, Irish Dealer

10. Father's Birthplace, Conshohocken, Pa.

Name of Medical Attendant, or other person who makes this Return, J. Macconachy M.D.

Address, 101 N. Fulton Ave

Remarks, _____

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the practitioner or midwife shall report the birth to the Commissioner of Health, in the manner and within the time herein provided, and shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *November 27' 1894*
4. Place of Birth, (Street and Number) *No 524 St. Paul St.*
5. Full Name of Mother, *Josephine Harris*
6. Mother's Maiden Name, *Brice*
7. Mother's Birthplace, *Lucan Ann Co. Ind.*
8. Full Name of Father, *J. P. Harris*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *King Wood W. Va.*
- Name of Medical Attendant, or other person who makes this Return, *Amelia Johnson*
- Address, *No 1024 Park Ave*
- Remarks, -----

8940005160

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parent or parents of such child shall be liable for the same, and shall be fined not more than the duty of licensure or license of such child to report its birth. The Commissioner of Health, in the manner and within the time and under the provisions of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 27 1891

4. Place of Birth, (Street and Number) 1321 Broadway St

5. Full Name of Mother, Mary Nannamaker

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, Mary S. Little, M.D.
or other person who makes this Return.

Address, 622 W Lombard St

Remarks, _____

and the child shall be delivered, and the mother shall be attended by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person attending the mother to report the birth of the child to the Commissioner of Health, or to the Registrar of Vital Statistics, within the time specified in the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov 27, 91

4. Place of Birth, (Street and Number) 204 Arlington Ave.

5. Full Name of Mother, Bessie Wynn

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Harry G. Uxley, M.D.

Address, 622 W. Lombard St.

Remarks,

8940005162

RETURN OF A BIRTH. 613-0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

8 9 4 U 0 0 6 1 6 4

RETURN OF A BIRTH. 61331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 28 - 1894

4. Place of Birth, (Street and Number) 1020 Eastern Ave.

5. Full Name of Mother, Barbara Bauer

6. Mother's Maiden Name, Grammer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bauer

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, (if other person who makes this Return) Mary Stein

Address, 421 E. Pratt St.

Remarks, _____

18940006165

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother immediately after the birth of the child shall report its birth to the office of the Registrar of Vital Statistics, in the manner and within the time herein provided, and shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

total day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report it as required by law, and if any person shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6/332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov - 28th 1894
4. Place of Birth, (Street and Number) 1044. Pennsylvania av
5. Full Name of Mother, Agnes Godwin
6. Mother's Maiden Name, Agnes Hawthorn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry Godwin
9. Father's Occupation, Clerk
10. Father's Birthplace, Norfolk Co. Md
Name of Medical Attendant, or other person who makes this Return, Wm. Hawthorn
Address, 1044- Pennsylvania av
Remarks, _____

8940005166

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person so attending, and of the child to report its birth to the Commissioner of Health, and to file a statement of the same with the provisions of this section shall be subject to the same penalties as are provided for in the several sections of the Health Code, and the provisions of this section shall be subject to the same penalties as are provided for in the several sections of the Health Code, and the provisions of this section shall be subject to the same penalties as are provided for in the several sections of the Health Code.

RETURN OF A BIRTH. 61333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Marie Gertrude Lorenz*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 28/94*
4. Place of Birth, (Street and Number) *311 S. Collington Ave.*
5. Full Name of Mother, *Amie Lorenz*
6. Mother's Maiden Name, *Günther*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Lorenz*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balto*
Name of Medical Attendant, or other person who makes this Return, *Mrs. Schenker*
Address, *2225 Long St*
Remarks, _____

18940606167

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the practitioner of midwifery, or any such person or persons, to report its birth to the Commissioner of Health, in the manner and within the time above required of such person or persons, and shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 &c

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 November 1894
4. Place of Birth, (Street and Number) 404 S. Hall St
5. Full Name of Mother, Hulda Fetsberger
6. Mother's Maiden Name, Hulda Hebb
7. Mother's Birthplace, Germani
8. Full Name of Father, George Fetsberger
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return Ellen Smith

Address, 504 S Washington St

Remarks,

18940006168

RETURN OF A BIRTH. 61335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 28th 1904

4. Place of Birth, (Street and Number) 912 Harlem Av

5. Full Name of Mother, Anna Maud Eyles

6. Mother's Maiden Name, Dechant

7. Mother's Birthplace, Chambersburg Pa

8. Full Name of Father, Maurice E. Eyles

9. Father's Occupation, Druggist

10. Father's Birthplace, Wagnersboro Pa

Name of Medical Attendant, or other person who makes this Return, Frank W. Gurnon MD

Address, 322 N Greene St.

Remarks, _____

8940006169

RETURN OF A BIRTH. 61336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Female

White

November 28, 1894

822 Second ave

Winnia Rugh

Retzloff

Winnia

Joseph Scott Rugh

Railroader

Winnia

Charles Mitchell 2nd

291 Chestnut ave

6940005170

RETURN OF A BIRTH. 61337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 28 1894

4. Place of Birth, (Street and Number) 1825 Hanford ave

5. Full Name of Mother, Ruth Hoover

6. Mother's Maiden Name, Ruth Hess

7. Mother's Birthplace, Mass land

8. Full Name of Father, George Hoover

9. Father's Occupation, Conductor

10. Father's Birthplace, Mass land

Name of Medical Attendant, or other person who makes this Return, Geo. A. Cleveland M.D.

Address, 1825 Hanford ave

Remarks, _____

8940006171

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 6/338

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Emma Marie Walker 5
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *29 November 1894*
4. Place of Birth, (Street and Number) *447 Clement St*
5. Full Name of Mother *Leizzie Walker*
6. Mother's Maiden Name *Leizzie Dehn*
7. Mother's Birthplace *Baltimore, Md. D.*
8. Full Name of Father *William S. Walker*
9. Father's Occupation *Oyster packer*
10. Father's Birthplace *Baltimore Md. D.*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Young*
Address *17-9-53*
Remarks *A.M.*

6940005172

and shall be delivered, duly signed by the practitioner in form of a certificate between the first and last of each month and every month to the officer or practitioner of midwifery. In case the birth of any child shall occur without the attendance of a duly qualified practitioner, the practitioner of midwifery shall be notified, and shall become the attendant thereof; and in such case the practitioner of midwifery shall be held responsible for the same, and shall be liable to the same penalties as are provided for in this act in relation to the attendance of a duly qualified practitioner upon the birth of a child. In case the birth of a child occurs without the attendance of a duly qualified practitioner, the practitioner of midwifery shall be notified, and shall become the attendant thereof; and in such case the practitioner of midwifery shall be held responsible for the same, and shall be liable to the same penalties as are provided for in this act in relation to the attendance of a duly qualified practitioner upon the birth of a child. In case the birth of a child occurs without the attendance of a duly qualified practitioner, the practitioner of midwifery shall be notified, and shall become the attendant thereof; and in such case the practitioner of midwifery shall be held responsible for the same, and shall be liable to the same penalties as are provided for in this act in relation to the attendance of a duly qualified practitioner upon the birth of a child.

GIVEN NAME ADDED 7-23-59

RETURN OF A BIRTH.

61339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John H. Cain

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Nov the 29 1877

4. Place of Birth, (Street and Number) - 1137 Blackman St.

5. Full Name of Mother, Johnnie Mae

6. Mother's Maiden Name, Emeline

7. Mother's Birthplace, *Col. East*

8. Full Name of Father, John C. ...
 9. Father's Occupation, Engineer

9. Father's Occupation *Farmer*

Name of Medical Attendant.

of other person who makes this Return.

M. A. Leary

Address,

Remarks

8 9 4 0 0 0 6 1 7 3

RETURN OF A BIRTH. (61340)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *29 Nov*

4. Place of Birth, (Street and Number) *411 Cornet st*

5. Full Name of Mother, *Mary Lang*

6. Mother's Maiden Name, *Walsh*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *David Lang*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Wm R Hilly*

Address, *1302 E. Lexington*

Remarks,

8940006174

8-29-55
BIRTH

6134A

Mary Veronica Beswick
 4

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 29 - 94*
4. Place of Birth, (Street and Number) *Anne St 1347*
5. Full Name of Mother, *Mary Beswick*
6. Mother's Maiden Name, *McClure*
7. Mother's Birthplace, *St. Ellen - England*
8. Full Name of Father, *Peter Beswick*
9. Father's Occupation, *Slavedom*
10. Father's Birthplace, *Liverpool - England*
Name of Medical Attendant, *Johanna Janske*
or other person who makes this Return.
Address, *Garnett St 1365*
Remarks,

120

RETURN OF A BIRTH. 61342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2d

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race)... Colored

3. Date of Birth, November 29, '94.

4. Place of Birth, (Street and Number) 1122 N. Mount St., Md. Home Hospital.

5. Full Name of Mother, Effie Butt.

6. Mother's Maiden Name, "

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Smith

9. Father's Occupation, "

10. Father's Birthplace, Washington, D.C.

Name of Medical Attendant, or other person who makes this Return, J. O. Hendrix, M.D.

Address, 1122 N. Mount St.,

Remarks, Maryland Homeopathic Hospital

8440006176

shall be delivered daily along by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother or other person be in charge of the child, shall immediately thereafter, in the manner and within the time specified above required, and shall hereafter fail to do so, shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and to comply with the provisions of the Act in that behalf made. Any person who shall fail to do so shall be liable to a fine for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 8th Child

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 30th November 1894

4. Place of Birth, (Street and Number)..... Borawich St. No. 1531

5. Full Name of Mother,..... Sophia Schelinscky

6. Mother's Maiden Name,..... " Workanckofocky

7. Mother's Birthplace,..... Ruffland

8. Full Name of Father,..... Ignaty Schelinscky

9. Father's Occupation,..... Labor

10. Father's Birthplace,..... Ruffland

Name of Medical Attendant, or other person who makes this Return,..... Lizzie Schaeffler

Address,..... E. Front St. No. 1708

Remarks,.....

8940006177

RETURN OF A BIRTH. 61344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name ~~Walter~~ J. James ~~Walter~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

8.940005178

RETURN OF A BIRTH. 61345-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Watson, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. Nov 30 1894

4. Place of Birth, (Street and Number) 207 Chambers Alley

5. Full Name of Mother, Lena Watson

6. Mother's Maiden Name, Hess

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edwin Watson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who attended this birth Mary Stein

Address 427 E Pratt St

CERTIFICATE ADDED 8-18-53

Remarks, h.m.

18940006180

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parents or guardian of such child shall be liable to a fine of ten dollars for each failure to comply with the provisions of this section, and such fine shall be recoverable.

In case the birth of any child shall occur without the attendance of a physician or person authorized by the Commissioner of Health, in the manner and within the time provided above required, and the child to be born or person or persons who shall be responsible for the same shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 30/94

4. Place of Birth, (Street and Number) 516 S. Cannon Str.

5. Full Name of Mother, Maggie Hanson

6. Mother's Maiden Name, Bristel

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Hanson

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gragh St.

Remarks, _____

18940025181

GIVEN NAME ADDED 2-27-57
 RETURN OF A BIRTH. 61347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna May Caldwell Third
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 30 1894

4. Place of Birth, (Street and Number) No. 1109 Federal St.

5. Full Name of Mother, Clara M. Caldwell

6. Mother's Maiden Name, Clara M. Kyle

7. Mother's Birthplace, Washington D. C.

8. Full Name of Father, Arthur C. Caldwell

9. Father's Occupation, Pharm.

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Blewett M.D.

Address, 1741 Harford Ave.

Remarks,

8740006182

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, the mother shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61348
GIVEN NAME ADDED 3-18-69
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name: Susanna Spuck
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 1, 1894.
4. Place of Birth, (Street and Number) Jenkins Lane, near North ave.
5. Full Name of Mother, Fannie Spuck.
6. Mother's Maiden Name, Fannie Scraggs.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Spuck
9. Father's Occupation, Butcher
10. Father's Birthplace, Maryland
Name of Medical Attendant, or other person who makes this Return, Aug. R. O'Connell M.D.
Address, 11241 Harford Ave.
Remarks, _____

8940006183

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the father or the person or persons of such child, or person or persons, shall become the duty of the person or persons of such child, or person or persons, to report the birth of such child to the office of the Commissioner of Health, and to file a true and correct copy of this return with the provisions of such section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 1/94

4. Place of Birth, (Street and Number) 1847 Ashland Ave.

5. Full Name of Mother, Elisa (Backer) Burk

6. Mother's Maiden Name, Saluckane

7. Mother's Birthplace, Germany

8. Full Name of Father, John (Backer) Burk

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough St.

Remarks, _____

RETURN OF A BIRTH 61350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 2nd 1894

4. Place of Birth, (Street and Number) 1509 Race street

5. Full Name of Mother, Elizabeth Luliy

6. Mother's Maiden Name, Allen

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Luliy

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Anne M. Geller

Address, 1709 Hanover str. Baltimore City

Remarks,

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the practitioner or other person shall occur without the attendance of a physician or practitioner, the duty of the practitioner or other person shall be to attend upon the mother immediately after the birth of the child, and to report the same to the Commissioner of Health, in the manner and within the time specified above required, and to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 November 1894

4. Place of Birth, (Street and Number) 1217 Eastern Av

5. Full Name of Mother, Regina Collens

6. Mother's Maiden Name, Regina Beckenwald

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Carl Collens

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 S Washington St

Remarks,

8940006186

61352

[illegible]

14

Male

White.

Nov 2, 1898

403 Chester St.

Annie Schmalbach

Annie Doll

Balta.

John Schmalbach

huller.

Desm. 111

Mary L. [unclear]

in Cor 88

8 9 4 0 0 0 6 1 8 7

RETURN OF A BIRTH. 6/353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The said schedule shall be delivered, duly signed by the midwife, in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, or to the Commissioner of Health. In case the birth of any child occurs on the first or third day of a month, the midwife shall deliver the certificate to the Registrar of Vital Statistics, or to the Commissioner of Health, on the first or third day of the month following. The Registrar of Vital Statistics, or the Commissioner of Health, shall cause the certificate to be filed in the office of the Registrar of Vital Statistics, or the Commissioner of Health, and shall cause the birth of the child to be reported to the Registrar of Vital Statistics, or the Commissioner of Health, in the manner provided by law. The Registrar of Vital Statistics, or the Commissioner of Health, shall cause the birth of the child to be reported to the Registrar of Vital Statistics, or the Commissioner of Health, in the manner provided by law. The Registrar of Vital Statistics, or the Commissioner of Health, shall cause the birth of the child to be reported to the Registrar of Vital Statistics, or the Commissioner of Health, in the manner provided by law.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 2/94

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St

5. Full Name of Mother, Cassie Brown

6. Mother's Maiden Name, Cassie Brown

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gundry M.D.

Address, 115 W. Lombard St

Remarks, _____

18940006188

When made up, and be returned to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, shall report the birth to the Commissioner of Health, and shall file a copy of this report with the Registrar of Vital Statistics, and shall hereafter fail to comply with the provisions of this section shall be subject to the date of ten (10) days for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 3, 1894

4. Place of Birth, (Street and Number) 2332 Supreme St.

5. Full Name of Mother, Annie Hokenip

6. Mother's Maiden Name, Annie Popchelska

7. Mother's Birthplace, Germany

8. Full Name of Father, John Hokenip

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St

Remarks, _____

18940006189

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, named in this certificate, the person attending the birth of such child shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61355-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH. 6/256

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

third day of each and every month to the office of the Commissioner of Health, Baltimore City, for the purpose of filing the same. If the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the mother, immediately thereafter, it shall become the duty of the person or persons of such child to cause the same to be reported to the office of the Registrar of Vital Statistics, Baltimore City, within the time and within the limits above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine for each offence, to be recovered, as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 4 1894

4. Place of Birth. (Street and Number) 1629 N Gilman

5. Full Name of Mother, Ella Harold Griffith

6. Mother's Maiden Name, Griffith

7. Mother's Birthplace, Balto

8. Full Name of Father, John Harold Griffith

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler M.D.

Address, 2100 David Hill Ave

Remarks,

18940005191

RETURN OF A BIRTH.

61357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 6th Nov
4. Place of Birth, (Street and Number) 1168. Lovegrove Alley
5. Full Name of Mother, Loretta Rock
6. Mother's Maiden Name, Read
7. Mother's Birthplace, Balto
8. Full Name of Father, John Rock
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Wm R. Allen
- Address, 212 E. Lexington
- Remarks, _____

18940006192

third day of each and every month in the office of the Commissioner of Health, to secure the birth of any child shall occur without the attendance of a physician or practitioner of medicine, and any person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in attendance upon the mother to report a birth to the Commissioner of Health, in the manner and within the time prescribed in any such regulations. If this section shall be violated, the person or persons so violating shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

Nov. 6 - 1894

4. Place of Birth, (Street and Number).....

1514 Belair Ave.

5. Full Name of Mother,.....

Hunigunde Haehler

6. Mother's Maiden Name,.....

Dietler

7. Mother's Birthplace,.....

Germany

8. Full Name of Father,.....

John Haehler

9. Father's Occupation,.....

Beer Brewer

10. Father's Birthplace,.....

Germany

Name of Medical Attendant, or other person who makes this return,.....

Harry Stein

Address, 1427 E. Pratt St.

Remarks,.....

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered in other cases as hereinafter provided.

RETURN OF A BIRTH. 61359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 8 1894

4. Place of Birth, (Street and Number) 1519 Saratoga St

5. Full Name of Mother, E. A. King

6. Mother's Maiden Name, Denkins

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Wm. A. King

9. Father's Occupation, machinist

10. Father's Birthplace, Lancaster Eng

Name of Medical Attendant, or other person who makes this Return, M. J. Loman

Address, 1313 N. Ball St

Remarks, fine child (Arthur, son)

8 9 4 0 0 0 6 1 9 4

RETURN OF A BIRTH. 61360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 9 - 1894

4. Place of Birth, (Street and Number) 625 E. Wolfe St.

5. Full Name of Mother, Mary Ellen Gill

6. Mother's Maiden Name, Harper

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H. Gill

9. Father's Occupation, Chipp - Captain

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who
noted this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8940004195

RETURN OF A BIRTH 61361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Nov 1894

4. Place of Birth, (Street and Number) Baltimore Loman St 1823

5. Full Name of Mother, Ella Jean Hiltner

6. Mother's Maiden Name, E. de Megee

7. Mother's Birthplace, Frederickburg Va

8. Full Name of Father, Harry Hiltner

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs R. G. Bush

Address, 2024 W. Lexington St

Remarks, Delicate

And a license shall be given, signed by the person or persons, to the effect that the birth of any child has been reported to the office of the Registrar of Vital Statistics, and that the person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines.

Over

61363

1st

NAME *Male*

27 hite

white race) - *Shule*
Nov 17 94
13 16

1316 *Jameson Ave*

Street and Number) Emma (Mary) Miller 4030 332
Other, _____ DATE

CLERN

38 Mary Campbell
H. H. Miller

Isaac Storrs Miller

Machinist

Maryland

or other person who makes this Return.

Attendant, makes this Return, *Preston.*

Full name of child - Paul Stoner Miller

1 8 9 4 0 0 0 6 1 9 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant. or other person who makes this Return.

Address,—

Remarks.

8 9 4 0 0 0 6 1 9 9

RETURN OF A BIRTH 61365-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *13 November 1894*

4. Place of Birth, (Street and Number) *844 Columbia St*

5. Full Name of Mother, *Julie Speiser*

6. Mother's Maiden Name, *Julie Sulhan*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adam Speiser*

9. Father's Occupation, *Saloone-keeper*

10. Father's Birthplace, *Hersfeld, Kaiser, Nassau*

Name of Medical Attendant, or other person who makes this Return, *L. H. Thirkard*

Address, *220 W. Madison St*

Remarks,

18940006200

shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the physician or midwife shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period of time prescribed by law, and the person or persons who shall fail to comply with this provision shall be liable to a fine of ten dollars for each offence, to be recovered in either the summary or the regular proceedings.

RETURN OF A BIRTH. 61366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- No. of Child of Mother, (state whether male or female) _____ female
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____ November 17, 1894
4. Place of Birth, (Street and Number) _____ 1123 McElderey St.
5. Full Name of Mother, _____ Carrie Moschinsky
6. Mother's Maiden Name, _____ Cohen
7. Mother's Birthplace, _____ Russia
8. Full Name of Father, _____ Pinhas Moschinsky
9. Father's Occupation, _____ Clothing Presser
10. Father's Birthplace, _____ Russia
- Name of Medical Attendant, or other person who makes this Return. _____ J. B. Matenchuk, M.D.
- Address, _____ 412 N. E. 1st St.
- Remarks, _____

and scheduling shall be delivered, by a [redacted] or a practitioner in the form of a certificate, to the Commissioner of Health, before the birth of any child and every month of pregnancy or of any other person, and should no other person be the physician or practitioner, the duty of the person or persons so shall occur without the [redacted] in the manner and within the time specified hereafter. The Commissioner shall be authorized to require that any such person or persons pay each person or persons fifty dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH. 61366 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov-17-1894

4. Place of Birth, (Street and Number) 210 S. Caroline St

5. Full Name of Mother, Minnie Segal

6. Mother's Maiden Name, Minnie Peeth

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Segal

9. Father's Occupation, Preser

10. Father's Birthplace, Russia

Name of Medical Attendant, Rosa Fineberg

or other person who makes this Return,

Address, 25 Lloyd St

Remarks,

18940006202

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or parent of such child shall report the same to the Commissioner of Health, in the manner and within the time prescribed in any such person or persons shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 9 Nov

4. Place of Birth, (Street and Number) 127 W. Elders St

5. Full Name of Mother, Maggie Rock

6. Mother's Maiden Name, Dwyer

7. Mother's Birthplace, Ireland

8. Full Name of Father, Robert Rock

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mark H. H. H.

Address, 1802 E. Lexington

Remarks, _____

6 4 4 0 0 0 6 2 0 3

and every person who shall be present at the birth of a child, shall be liable to a fine of five dollars for each and every failure to report the birth of a child to the office of the Registrar of Vital Statistics, Baltimore City, within the time specified in the law. The person or persons who shall be liable to a fine of five dollars for each and every failure to report the birth of a child to the office of the Registrar of Vital Statistics, Baltimore City, within the time specified in the law, shall be liable to a fine of five dollars for each and every failure to report the birth of a child to the office of the Registrar of Vital Statistics, Baltimore City, within the time specified in the law.

RETURN OF A BIRTH.

GIVEN NAME ADDED

1-28-57

1368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Miriam Ella Harper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 21/94

4. Place of Birth, (Street and Number) 210 E. 22nd St

5. Full Name of Mother, Mary Harper

6. Mother's Maiden Name, Mary Ellegary

7. Mother's Birthplace, Balt

8. Full Name of Father, Frank G. Harper

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Dr. Cole

Address, 2038 Madison Ave

Remarks,

RETURN OF A BIRTH. 61369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)... Female.

2. Race or Color, (if not of the white race).

3. Date of Birth, 24 Nov.

4. Place of Birth, (Street and Number), 642 E. 8th St. W.

5. Full Name of Mother, Emma H. Gagner

6. *Mother's Maiden Name,* *Wiedler*

7. Mother's Birthplace,

8. Full Name of Father, James A. ...

9. *Father's Occupation* Bookkeeper

10. Father's Birthplace, Salte

Name of Medical Attendant, or other person who makes this Return, Wm R. Sullivan

Address, 902 E. Lincoln

Remarks,

1 8 9 4 0 0 0 6 2 0 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of an infant shall occur without the attendance of a physician or other person who shall become the duty of the person or persons of such attendance upon the mother, the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than one hundred dollars for each offense, to be recovered in other cases as provided in the act.

RETURN OF A BIRTH. 61370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 15th November 1894.
4. Place of Birth, (Street and Number) Andre St. No. 1407.
5. Full Name of Mother, Anna Follen.
6. Mother's Maiden Name, " Klavunder.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Follen.
9. Father's Occupation, Editor.
10. Father's Birthplace, Prussia.
- Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler.
- Address, 8 Fort Ave No 1408.
- Remarks, _____

8940006206

RETURN OF A BIRTH 61371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), White

3. Date of Birth, Nov. 25th 1894

4. Place of Birth (Street and Number), Oak. Ave

5. Full Name of Mother, F. Lee G. Parnell

6. Mother's Maiden Name, " " S. L. Hicks

7. Mother's Birthplace, Maryland

8. Full Name of Father, Henry L. Parnell

9. Father's Occupation, Clerk. P. O.

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, H. G. Parnell, M.D.

Address, 809 Gossack Ave

Remarks,

18940006207

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or other person be in attendance upon the mother, immediately thereafter in the manner and within the period above required, and the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25- of November

4. Place of Birth, (Street and Number) Barstall St 940

5. Full Name of Mother, Maggie M. Boddin

6. Mother's Maiden Name, Maggie Esmerly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert M. Boddin

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elaine Luster

Address, 1610 Durham St

Remarks, _____

1 6 4 4 0 0 0 6 2 0 8

SEVEN DIME ADDED 6-6-55
RETURN OF A BIRTH. 61373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emilia Barbara Tucek

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *26 of November 1894*
 4. Place of Birth, (Street and Number) *521 Castle St*
 5. Full Name of Mother, *Babry Tucek*
 6. Mother's Maiden Name, *Babry Beran*
 7. Mother's Birthplace, *Bohemia*
 8. Full Name of Father, *Jarli Tucek*
 9. Father's Occupation, *Thailor*
 10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other person who makes this Return, *Alvisia Sinitora*
- Address, *1110 Durham St*
- Remarks, _____

8940006209

RETURN OF A BIRTH.

61379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child shall occur without the attendance of a midwife, or should no other person be in attendance, the mother or parent of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 8th

4. Place of Birth, (Street and Number) 1205 Argyle Ave

5. Full Name of Mother, Josephine Seaward

6. Mother's Maiden Name, McCrish

7. Mother's Birthplace, City

8. Full Name of Father, Geo. W. Seaward

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, J. G. Bush M.D.

Address, 571 Vauxhall Pl

Remarks, _____

18740005210

RETURN OF A BIRTH. 61380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8940006211

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediate report shall be made to the Commissioner of Health, in which case the physician or practitioner of midwifery, or whoever shall become the duty of the person or persons in attendance upon the mother, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 16. 1894
4. Place of Birth, (Street and Number) 1721 N Lexington St
5. Full Name of Mother, Mary Doyle
6. Mother's Maiden Name, McGinnis
7. Mother's Birthplace, Chatham, N.B.
8. Full Name of Father, James Doyle
9. Father's Occupation, City Editor American
10. Father's Birthplace, Pa
- Name of Medical Attendant, or other person who makes this Return, Edwards London M.D.
- Address, 1403 W Payette St
- Remarks, _____

RETURN OF A BIRTH. 6/382 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 19th

4. Place of Birth, (Street and Number) 1521 Battery Ave

5. Full Name of Mother, Rosa McGrath

6. Mother's Maiden Name, " Gowen

7. Mother's Birthplace, City

8. Full Name of Father, Jas. McGrath

9. Father's Occupation, Pipe-maker

10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, J. J. Bensch MD

Address, 5714 Hamer St

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, 4d~~)

1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Nov 20th 1894 _____
 4. Place of Birth, (Street and Number) 721 N. Carolina St. _____
 5. Full Name of Mother, Rapana, M. Higgins _____
 6. Mother's Maiden Name, " " Bishop _____
 7. Mother's Birthplace, Baltimore City _____
 8. Full Name of Father, Wm. W. Higgins _____
 9. Father's Occupation, Paper Hanger _____
 10. Father's Birthplace, Annapolis Md _____
 Name of Medical Attendant, or other person who makes this Return, Wm. E. Russell _____
 Address, 808 N Broadway _____
 Remarks, _____

MR. J. G. DALRYMPLE & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 61384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Nov. 22nd 1894*

4. Place of Birth (Street and Number), *412 Calvine Ave*

5. Full Name of Mother, *Clara C. Turner*

6. Mother's Maiden Name, *" " Clark*

7. Mother's Birthplace, *England England*

8. Full Name of Father, *Charles S. Turner*

9. Father's Occupation, *Watchman*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, *H. G. Prentiss M.D.*
or other person who makes this Return.

Address, *809 Goreuch Ave*

Remarks,

18940006215

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or should an officer or other person be present at the birth, it shall be the duty of such person to report the birth to the Commissioner of Health, in the manner and within the time specified above required. Any person who shall fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered by the Commissioner of Health. In the manner and within the time specified above required. Any person who shall fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered by the Commissioner of Health.

RETURN OF A BIRTH. 61385-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 23^d 1894

4. Place of Birth, (Street and Number) #238 Beach ave Hampden Annex

5. Full Name of Mother, Lda. V. French

6. Mother's Maiden Name, Devall

7. Mother's Birthplace, Baltimore Co md

8. Full Name of Father, Joseph L. C. French

9. Father's Occupation, Wire Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return R. L. Rankin M.D.

Address, Waverly Station Balto. md

Remarks, _____

any of these and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person of such attendance be present, the mother or father, or any such person or persons, shall be liable to a fine of five dollars for each offense, to be recovered as other fines and penalties are recoverable.

each and every month to the office of the Commissioner of Health, and no other person be in attendance at the birth of any child shall occur without the attendance of a physician or practitioner of midwifery; and if any person or persons of such child be born, the person or persons shall be liable to a fine of ten (10) dollars for each offence, to be recovered as provided in the provisions of this section and the other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female),

Female

Lellie Alida Morris

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Nov. 24th 1894

4. Place of Birth (Street and Number),

Cor. Broadway + York Rd

5. Full Name of Mother,

Lellie C Morris

6. Mother's Maiden Name,

" " Vickers

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John C. Morris

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Maryland

Name of Medical Attendant,

or other person who makes this Return.

H. G. Prentiss M.D.

Address,

809 Grand Ave

Remarks,

18940005217

GIVEN NAME ADDED 8-15-49

RETURN OF A BIRTH.

6/387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Marie Scott French*

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 17th 1894

4. Place of Birth, (Street and Number)

1313 Light St

5. Full Name of Mother,

Co. Marie Co. French

6. Mother's Maiden Name,

McHenry

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Wm. H. French

9. Father's Occupation,

Engineer B. & O. R.R.

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return,

R. G. Lee

Address,

Hammond St. Co. Barr

Remarks,

16740006218

In any case, and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person so attending shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

61388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fish

Mal

white

November 27. 94

1837 E. Fayette St

Hollie¹ Harcourt

Hollie Earhart

Bathurst, Ct.

Albert V. Garcourt

Printer

Baltimore, Md.

W. C. Sandrock

1942 N. E. ...

1 8 9 4 0 0 0 6 2 1 9

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such ability to report its birth to the Commissioner of Health, in the manner and within the time and above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered on other fines and penalties are recoverable.

third day of each and every month to the office of the Registrar in the birth of a child and shall occur without the attendance upon the mother, immediately after the birth of any child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than five dollars for each offence, to be recovered as other fines, and the costs of such proceedings shall be recoverable.

RETURN OF A BIRTH. 61389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 27th 1894

4. Place of Birth, (Street and Number) 1114 Warner street

5. Full Name of Mother, Leaver Harris

6. Mother's Maiden Name, Leaver Ellis

7. Mother's Birthplace, Virginia

8. Full Name of Father, Levin Harris

9. Father's Occupation, Labor

10. Father's Birthplace, Cambridge M D

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leadenhall street

Remarks, _____

1 8 9 4 0 0 0 6 2 2 0

RETURN OF A BIRTH. 61390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 27/94*

4. Place of Birth, (Street and Number) *#624 S. Charles Street Balto.*

5. Full Name of Mother, *Basa Schisewitz*

6. Mother's Maiden Name, *Basa Wible*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Solomon Schisewitz*

9. Father's Occupation, *Furniture Store*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Mrs Lena Barber*

Address, *#416 York Street Balto.*

Remarks,

RETURN OF A BIRTH.

61390 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

1. Sex, (state whether male or female)

Nov 21 .94

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

female

4. Place of Birth, (Street and Number)

York st 39

5. Full Name of Mother,

Mary M Carney

6. Mother's Maiden Name,

Mary M. Kiehl

7. Mother's Birthplace,

St. Louis, Mo

8. Full Name of Father,

Charles Carney

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Mrs. Taylor

Address,

4111 Guilford st

Remarks,

894000222

third any of each and every month to the officer of the Census and the Registrar. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, immediately thereafter, it shall become the duty of the person or persons attending upon the mother, to make a return of the birth of the child, in the manner and within the time specified in this section, and any such person or persons who shall fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other laws and regulations may provide.

RETURN OF A BIRTH.

61391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 2nd Nov
4. Place of Birth, (Street and Number) 823 1/2 Central Ave
5. Full Name of Mother, Isabelle Sherman
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Virginia
8. Full Name of Father, John A. Sherman
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Julia Greene
- Address, 444 N. Gay St.
- Remarks, _____

1 8 9 4 0 0 0 6 2 2 3

any person who shall neglect or refuse to comply with the provisions of this act, shall be liable to a fine of not more than five dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 4 Shakopee

4. Place of Birth, (Street and Number) 1630 Shakopee

5. Full Name of Mother, Elise Simkorak

6. Mother's Maiden Name, Droeska

7. Mother's Birthplace, Pole

8. Full Name of Father, John Simkorak

9. Father's Occupation, Leber

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mr. Dress

Address, C. B. d. str 838

Remarks, C. B. d. str 838

10940006224

any day in each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provision of this section shall be subjected to the due of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Boy
Wight

2. Race or Color, (if not of the white race)

3. Date of Birth,

4 November

4. Place of Birth, (Street and Number)

S. Bond St. 508

5. Full Name of Mother,

Mari' Gountensky

6. Mother's Maiden Name,

Machkova

7. Mother's Birthplace,

Pole

8. Full Name of Father,

Wincenty Gountensky

9. Father's Occupation

Teacher

10. Father's Birthplace,

Pole

Name of Medical Attendant, or other person who makes this Return,

M. Pett

Address,

S. Bond St. 838

Remarks,

18940006225

RETURN OF A BIRTH. 61394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... White
3. Date of Birth,..... 5 November 1894
4. Place of Birth, (Street and Number)... 404 Washington St
5. Full Name of Mother,..... Lisi Mayes
6. Mother's Maiden Name,..... Lisi Eisler
7. Mother's Birthplace,..... Baltimore, Md
8. Full Name of Father,..... Stephen Mayes
9. Father's Occupation..... Laborer
10. Father's Birthplace,..... Baltimore, Md
- Name of Medical Attendant, or other person who makes this Return,..... Louise Trotter
- Address,..... 1010 Durham St
- Remarks,.....

18940006226

the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case of miscarriage or stillbirth, the parent or other person be in charge of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61395-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940606227

third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the midwife or other person, he or she shall immediately thereafter, in the manner and within the time provided in this section, report the birth of such child to the Commissioner of Health. If any person or persons shall fail to comply with the provisions of this section, he or she shall be liable to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

61397

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (State whether male or female)

Male.

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 8. 94.

4. Place of Birth, (Street and Number)

Baltimore China St. 801.

5. Full Name of Mother,

Christina Ackermann.

6. Mother's Maiden Name,

Fraeder.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Henry Ackermann.

9. Father's Occupation,

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return,

Frederick B. Spater

Address,

732 Waver St.

Remarks,

1 8 9 4 0 0 6 2 2 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4—
Bo

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dufany Co., City Printers and Stationers.

In case the birth of any child shall occur within the city or town, or should no other person be in attendance of a physician or practitioner of medicine, the mother, immediately thereafter, shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person or persons who fail to comply with the provisions of this section shall be subject to a fine of not more than five dollars for each offence, to be recovered as other fines are recovered.

RETURN OF A BIRTH. 61399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Nov 1881
4. Place of Birth, (Street and Number) S. Bond St. 617
5. Full Name of Mother, Rosaria Pucknovsky
6. Mother's Maiden Name, Hunkoosky
7. Mother's Birthplace, Pole
8. Full Name of Father, Jim Pucknovsky
9. Father's Occupation, Leherman
10. Father's Birthplace, Pole
Name of Medical Attendant, or other person who makes this Return, M. Orell
Address, S. Bond 838
Remarks,

16440000230

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no birth certificate be filed upon the birth of a child, the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report the birth of such child to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines.

RETURN OF A BIRTH.

61400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 November
4. Place of Birth, (Street and Number) Oliciana str. 824
5. Full Name of Mother, Katerina Gura
6. Mother's Maiden Name, Sludinska
7. Mother's Birthplace, Pole
8. Full Name of Father, Florian Gura
9. Father's Occupation, Leberrman
10. Father's Birthplace, Pole
- Name of Medical Attendant, or other person who makes this Return, M. Prall
- Address, 1 Bond str 838
- Remarks, _____

18940004231

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately after the birth of the child, shall be required to file a statement of the birth of the child to represent and certify to the facts of the birth, in the manner and within the period above required, and shall be liable to a fine of not less than five nor more than ten dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 November
4. Place of Birth, (Street and Number) 114 Kespary St. 1632
5. Full Name of Mother, Anna D. Kingeric
6. Mother's Maiden Name, Dobronovik
7. Mother's Birthplace, Pole
8. Full Name of Father, Adam Kingeric
9. Father's Occupation, Leberman Vorkenman
10. Father's Birthplace, Pole
- Name of Medical Attendant, or other person who makes this Return, Mr. Pett
- Address, 1 Bond St. 838
- Remarks,

18940604232

In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time and under the penalties and provisions hereinafter provided, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

61402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth.

Nov. 14th. 94.

4. Place of Birth, (Street and Number)

924 Warner St.

5. Full Name of Mother, Louisa Sarah Jackson.

6. Mother's Maiden Name, Louisa Sarah Schellenberger

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father, John William Jackson

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Cambridge

Name of Medical Attendant, or other person who makes this Return.

Florence B. Thater

Address,

932 Warner St.

Remarks,

18940005233

third day of each and every month to the office of the Commissioner of Health. In case the birth of the child shall occur without the attendance of a physician, the father, mother, or other person, or should no other person be in attendance, the father, mother, or other person, shall become the duty of the person or persons of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not more than ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

61403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14 November

4. Place of Birth, (Street and Number)

Langester St. 1823

5. Full Name of Mother,

Elsa H. Schmid

6. Mother's Maiden Name,

Olsovska

7. Mother's Birthplace,

Pole

8. Full Name of Father,

Kaspar Schmid

9. Father's Occupation

Matron in

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Marie Post

Address,

Remarks,

10940306234

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of such child, to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

61404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (State whether male or female).

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Nov 15 1894

4. Place of Birth, (Street and Number)

George St

5. Full Name of Mother,

Emma Andrea

6. Mother's Maiden Name,

Emma Waestman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry A Andrea

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Z. K. Wiley M.D.

Address,

7 N. W. Leary St

Remarks,

18940005235

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the day of the month, the physician or practitioner of midwifery, or should no other person be present, the mother, shall become the duty of the person or persons of such attendance, and shall report the birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 November
4. Place of Birth, (Street and Number) Bethel St. 423
5. Full Name of Mother, Barbra Gassaway
6. Mother's Maiden Name, Happman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Gassaway
9. Father's Occupation, Workman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Meri Orell
- Address, J. Bond St. 838
- Remarks, _____

third day of each and every month up to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons attending such child to report its birth to the Commissioner of Health, and if such report is not made, the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines are.

RETURN OF A BIRTH.

61406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 20, 1914

4. Place of Birth, (Street and Number)

#287 S. Phernal Street Balto.

5. Full Name of Mother,

Sara Blumberg

6. Mother's Maiden Name,

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Highman Blumberg

9. Father's Occupation

Cigar Maker

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other person who makes this Return,

Mrs. Lena Barber

Address,

#44 E. York Street Balto.

Remarks,

18440006237

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *Nov 20 - 94*

4. Place of Birth, (Street and Number) *1401 Belknap St*

5. Full Name of Mother, *Elizabeth A. Parson*

6. Mother's Maiden Name, *Baltimore City, Md*

7. Mother's Birthplace, *Richard L. Parson*

8. Full Name of Father, *Carpenter*

9. Father's Occupation, *Ann Arundel Co Md*

10. Father's Birthplace, *Wiley Md*

Name of Medical Attendant, or other person who makes this Return, *Wiley Md*

Address, *727 W. Carey St*

Remarks, *18940005230*

been conferred its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its registration. In case the child is born to a mother who is not a resident of Baltimore City, the child shall be registered in the name of the mother, and the date of its birth shall be the date of its registration. In case the child is born to a mother who is not a resident of Baltimore City, the child shall be registered in the name of the mother, and the date of its birth shall be the date of its registration. In case the child is born to a mother who is not a resident of Baltimore City, the child shall be registered in the name of the mother, and the date of its birth shall be the date of its registration.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother or person having charge of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be found to fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁶¹⁴⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22 of November*
4. Place of Birth, (Street and Number) *No. 1242. W. Pratt st*
5. Full Name of Mother, *Ida. M. Rice*
6. Mother's Maiden Name, *Ida. M. Thomas*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William. S. Rice*
9. Father's Occupation, *Book Keeper*
10. Father's Birthplace, *Virginia*
Name of Medical Attendant, or other Person who makes this Return, *Elizabeth S. Thomas*
Address, *No. 1242. W. Pratt st*
Remarks,

1 6 9 4 8 9 0 6 2 3 9

RETURN OF A BIRTH

61409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~BIRDIE MARIE BROWN~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3th

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov. 22 94

4. Place of Birth, (Street and Number)

Baltimore Warner St 940

5. Full Name of Mother,

Barbara C. Brown

6. Mother's Maiden Name,

Grant

7. Mother's Birthplace,

Croft Kent Co Md.

8. Full Name of Father,

James H. Brown

9. Father's Occupation,

Car Repairer

10. Father's Birthplace,

Pomona Kent Co Md.

Name of Medical Attendant, or other person who makes this Return.

Florence B. Shater

Address,

GIVEN NAME ADDED

9/1/96

932 Warner St

Remarks,

1 8 9 4 0 0 0 5 2 4 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the parent or person in charge of the child shall immediately thereafter report the birth of such child in the manner and within the time specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

6/14/11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 24
4. Place of Birth, (Street and Number) York St. 16
5. Full Name of Mother, Suzanne Tagliavini
6. Mother's Maiden Name, Suzanne Scrogoni
7. Mother's Birthplace, Italy
8. Full Name of Father, Antonino Scrogoni Tagliavini
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other person who makes this Return, Mrs Taylor
- Address, 461 Guilford City
- Remarks, _____

6940006242

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6/14/12

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 24

4. Place of Birth, (Street and Number) at 15

5. Full Name of Mother, Colia Greene

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Andover, Mass.

8. Full Name of Father, Frederick

9. Father's Occupation, State

10. Father's Birthplace, Mass.

Name of Medical Attendant, or other person who makes this Return, Mrs. Taylor

Address, 41 Guilford St.

Remarks, _____

8940006243

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health by the practitioner, he shall immediately thereafter report the same to the office of the Registrar of Vital Statistics, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 25 1874

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Anna Elizabeth Leubke

6. Mother's Maiden Name,

Anna Elizabeth Richter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Hermann Leubke

9. Father's Occupation,

Rigger

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Wm. Taylor

Address,

400 Broadway

Remarks,

18940006245

RETURN OF A BIRTH. 61415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 November

4. Place of Birth, (Street and Number) E. Bond St. 835

5. Full Name of Mother, Maria Sulevsky

6. Mother's Maiden Name, Ryevska

7. Mother's Birthplace, Pole

8. Full Name of Father, Konstantin Sulevsky

9. Father's Occupation, Workman

10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mo. Reed

Address, E. Bond St. 838

Remarks, _____

third day of each and every month to the office of the Commissioner of Health. If the birth of a child shall occur without the attendance of a physician, the mother, or other person who makes this return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines are recoverable.

and schedule shall be delivered, and placed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any person or persons who shall become the duty of the Registrar of Vital Statistics, Baltimore City, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4

1. Sex, (state whether male or female)... Female

2. Race or Color, (if not of the white race)... White

3. Date of Birth... 26 November

4. Place of Birth, (Street and Number)... 521 Castle St

5. Full Name of Mother... Baby Trish

6. Mother's Maiden Name... Baby Susan

7. Mother's Birthplace... Roselig Bohemen

8. Full Name of Father... Chas Trish

9. Father's Occupation...

10. Father's Birthplace... Berlin

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8940006247

RETURN OF A BIRTH. 61417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, 26 November

4. Place of Birth, (Street and Number) 1013 E Pratt St

5. Full Name of Mother, Eda Segal

6. Mother's Maiden Name, European

7. Mother's Birthplace, European

8. Full Name of Father, Joh Segal

9. Father's Occupation, tailor

10. Father's Birthplace, European

Name of Medical Attendant, or other person who makes this Return. Irma Handler

Address, 1113 E Pratt St

Remarks, 1113 E Pratt St

8440096248

shall be given, and the practitioner is the agent of a certificate between the first and third day of each and every month, of a physician or practitioner of midwifery, or should no other person be in the family, the mother, immediately thereafter it shall become the duty of the person or persons of said family to report to birth, and the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Af White
3. Date of Birth, 26 November
4. Place of Birth, (Street and Number) S. Bond str. 831
5. Full Name of Mother, Meri Williams
6. Mother's Maiden Name, Born
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Williams
9. Father's Occupation, Bordingshaus
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Meri Press
Address, S. Bond str. 838
Remarks, _____

18940006249

been conferred its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date of its registration. In case the birth of any child shall be reported by the practitioner, physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the practitioner, physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Gr 289.
3. Date of Birth, 2030 - Emma Ave.
4. Place of Birth, (Street and Number) Oliver Davis.
5. Full Name of Mother, Bessie Davis.
6. Mother's Maiden Name, Bessie Davis.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Franklin Y. Davis.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other person who makes this Return, J. L. Whitaker, M.D.
Address, 701 Madison Ave.
Remarks, _____

18740005251

said schedule shall be delivered, duly signed by the practitioner of his parents, the date and place of birth, and the third day of each and every month to the office of the Registrar of Health. In case the birth of any child is attended by a physician or practitioner of medicine, he shall immediately thereafter report the birth of such child to report its birth to the Registrar of Health, in the manner and within the period above required, such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Male*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 3rd 1894*
4. Place of Birth, (Street and Number) *Harford & Rodman Ave*
5. Full Name of Mother, *Leanne Kneis*
6. Mother's Maiden Name, *" M. Guffin*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis Kneis*
9. Father's Occupation, *Baltimore, Pa*
10. Father's Birthplace, *Baltimore, Pa*
- Name of Medical Attendant, or other person who makes this Return, *W. D. Case*
- Address, *Farmville Baltimore*
- Remarks, *7 months child - Baltimore*
- 18940006253 male*

61423

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or if the person or persons of such attendance upon the mother immediately preceding the birth of the child be deceased, the father of such child is required to report the same to the Commissioner of Health, in the manner and within the period above required, and he shall be liable to a fine of ten dollars for each failure to do so; provided that this section shall be applicable to any person who shall hereafter fail to comply with the provisions of this act, and the said fine shall be authorized to be recovered as other fines and forfeitures are recoverable.

1. Child

Miss

11/1/18

Page 29

1874.

1610 Polaris co. vt

Butter Miller

1.1 Diffusion

10, 22, 34, 46, 58, 70, 82, 94, 106, 118, 130, 142, 154, 166, 178, 190, 202, 214, 226, 238, 250, 262, 274, 286, 298, 310, 322, 334, 346, 358, 370, 382, 394, 406, 418, 430, 442, 454, 466, 478, 490, 502, 514, 526, 538, 550, 562, 574, 586, 598, 610, 622, 634, 646, 658, 670, 682, 694, 706, 718, 730, 742, 754, 766, 778, 790, 802, 814, 826, 838, 850, 862, 874, 886, 898, 910, 922, 934, 946, 958, 970, 982, 994, 1006, 1018, 1030, 1042, 1054, 1066, 1078, 1090, 1102, 1114, 1126, 1138, 1150, 1162, 1174, 1186, 1198, 1210, 1222, 1234, 1246, 1258, 1270, 1282, 1294, 1306, 1318, 1330, 1342, 1354, 1366, 1378, 1390, 1402, 1414, 1426, 1438, 1450, 1462, 1474, 1486, 1498, 1510, 1522, 1534, 1546, 1558, 1570, 1582, 1594, 1606, 1618, 1630, 1642, 1654, 1666, 1678, 1690, 1702, 1714, 1726, 1738, 1750, 1762, 1774, 1786, 1798, 1810, 1822, 1834, 1846, 1858, 1870, 1882, 1894, 1906, 1918, 1930, 1942, 1954, 1966, 1978, 1990, 2002, 2014, 2026, 2038, 2050, 2062, 2074, 2086, 2098, 2110, 2122, 2134, 2146, 2158, 2170, 2182, 2194, 2206, 2218, 2230, 2242, 2254, 2266, 2278, 2290, 2302, 2314, 2326, 2338, 2350, 2362, 2374, 2386, 2398, 2410, 2422, 2434, 2446, 2458, 2470, 2482, 2494, 2506, 2518, 2530, 2542, 2554, 2566, 2578, 2590, 2602, 2614, 2626, 2638, 2650, 2662, 2674, 2686, 2698, 2710, 2722, 2734, 2746, 2758, 2770, 2782, 2794, 2806, 2818, 2830, 2842, 2854, 2866, 2878, 2890, 2902, 2914, 2926, 2938, 2950, 2962, 2974, 2986, 2998, 3010, 3022, 3034, 3046, 3058, 3070, 3082, 3094, 3106, 3118, 3130, 3142, 3154, 3166, 3178, 3190, 3202, 3214, 3226, 3238, 3250, 3262, 3274, 3286, 3298, 3310, 3322, 3334, 3346, 3358, 3370, 3382, 3394, 3406, 3418, 3430, 3442, 3454, 3466, 3478, 3490, 3502, 3514, 3526, 3538, 3550, 3562, 3574, 3586, 3598, 3610, 3622, 3634, 3646, 3658, 3670, 3682, 3694, 3706, 3718, 3730, 3742, 3754, 3766, 3778, 3790, 3802, 3814, 3826, 3838, 3850, 3862, 3874, 3886, 3898, 3910, 3922, 3934, 3946, 3958, 3970, 3982, 3994, 4006, 4018, 4030, 4042, 4054, 4066, 4078, 4090, 4102, 4114, 4126, 4138, 4150, 4162, 4174, 4186, 4198, 4210, 4222, 4234, 4246, 4258, 4270, 4282, 4294, 4306, 4318, 4330, 4342, 4354, 4366, 4378, 4390, 4402, 4414, 4426, 4438, 4450, 4462, 4474, 4486, 4498, 4510, 4522, 4534, 4546, 4558, 4570, 4582, 4594, 4606, 4618, 4630, 4642, 4654, 4666, 4678, 4690, 4702, 4714, 4726, 4738, 4750, 4762, 4774, 4786, 4798, 4810, 4822, 4834, 4846, 4858, 4870, 4882, 4894, 4906, 4918, 4930, 4942, 4954, 4966, 4978, 4990, 5002, 5014, 5026, 5038, 5050, 5062, 5074, 5086, 5098, 5110, 5122, 5134, 5146, 5158, 5170, 5182, 5194, 5206, 5218, 5230, 5242, 5254, 5266, 5278, 5290, 5302, 5314, 5326, 5338, 5350, 5362, 5374, 5386, 5398, 5410, 5422, 5434, 5446, 5458, 5470, 5482, 5494, 5506, 5518, 5530, 5542, 5554, 5566, 5578, 5590, 5602, 5614, 5626, 5638, 5650, 5662, 5674, 5686, 5698, 5710, 5722, 5734, 5746, 5758, 5770, 5782, 5794, 5806, 5818, 5830, 5842, 5854, 5866, 5878, 5890, 5902, 5914, 5926, 5938, 5950, 5962, 5974, 5986, 5998, 6010, 6022, 6034, 6046, 6058, 6070, 6082, 6094, 6106, 6118, 6130, 6142, 6154, 6166, 6178, 6190, 6202, 6214, 6226, 6238, 6250, 6262, 6274, 6286, 6298, 6310, 6322, 6334, 6346, 6358, 6370, 6382, 6394, 6406, 6418, 6430, 6442, 6454, 6466, 6478, 6490, 6502, 6514, 6526, 6538, 6550, 6562, 6574, 6586, 6598, 6610, 6622, 6634, 6646, 6658, 6670, 6682, 6694, 6706, 6718, 6730, 6742, 6754, 6766, 6778, 6790, 6802, 6814, 6826, 6838, 6850, 6862, 6874, 6886, 6898, 6910, 6922, 6934, 6946, 6958, 6970, 6982, 6994, 7006, 7018, 7030, 7042, 7054, 7066, 7078, 7090, 7102, 7114, 7126, 7138, 7150, 7162, 7174, 7186, 7198, 7210, 7222, 7234, 7246, 7258, 7270, 7282, 7294, 7306, 7318, 7330, 7342, 7354, 7366, 7378, 7390, 7402, 7414, 7426, 7438, 7450, 7462, 7474, 7486, 7498, 7510, 7522, 7534, 7546, 7558, 7570, 7582, 7594, 7606, 7618, 7630, 7642, 7654, 7666, 7678, 7690, 7702, 7714, 7726, 7738, 7750, 7762, 7774, 7786, 7798, 7810, 7822, 7834, 7846, 7858, 7870, 7882, 7894, 7906, 7918, 7930, 7942, 7954, 7966, 7978, 7990, 8002, 8014, 8026, 8038, 8050, 8062, 8074, 8086, 8098, 8110, 8122, 8134, 8146, 8158, 8170, 8182, 8194, 8206, 8218, 8230, 8242, 8254, 8266, 8278, 8290, 8302, 8314, 8326, 8338, 8350, 8362, 837

Wm. L. Miller

Boston etc

Belle

Mrs. C. B. Bumpus

1898 Light W

W. B. King

~~1-8-40-8-8-5-2-5-4~~

any person who shall neglect to report the birth of any child within the time and in the manner required by law, shall be liable to a fine of not more than five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 Nov 1890

4. Place of Birth, (Street and Number) 408 E. Cross st

5. Full Name of Mother, Mary Ellen

6. Mother's Maiden Name, " Cunningham

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel P. Allen

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. P. Brooks

Address, 1815 Light st

Remarks, Living Well

RETURN OF A BIRTH. 61426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 18 1894*

4. Place of Birth, (Street and Number) *1030 Hollins St*

5. Full Name of Mother, *Anna M. Hausman*

6. Mother's Maiden Name, *" " Butler*

7. Mother's Birthplace, *Balt. Md*

8. Full Name of Father, *Julius Hausman*

9. Father's Occupation, *String-Cutter*

10. Father's Birthplace, *Balt Md*

Name of Medical Attendant, or other person who makes this Return, *Fanny Bosa*

Address, *677 Columbia Ave.*

Remarks, _____

.A 614 26 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 6 2 5 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the feet and
of such child, and every month, to the office of the Commissioner of Health, or to the office of a physician or
shall occur without the attendance of a physician or other person, it shall become the duty of the person or persons in
attendance upon the mother, or the mother, to report the birth of such child to the Commissioner of Health, in the manner and within the time
child to report the birth of such child to the Commissioner of Health, in the manner and within the time prescribed by the
shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 1 at 1894
4. Place of Birth, (Street and Number) No. 334 Smallwood St
5. Full Name of Mother, Annie Wammewetch
6. Mother's Maiden Name, Annie Brackner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wammewetch
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore Co.
Name of Medical Attendant, _____ or other person who makes this Return.
Address, _____
Remarks, _____
18940006259

RETURN OF A BIRTH. 61428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Robert E. Driscoll
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 7.20 A.M. Dec. 1.
 4. Place of Birth, (Street and Number) 800 S. Charles St.
 5. Full Name of Mother, Elizabeth Driscoll
 6. Mother's Maiden Name, Fisher
 7. Mother's Birthplace, Richmond, Va.
 8. Full Name of Father, Robert Driscoll
 9. Father's Occupation, Employed at Ball-foundation
 10. Father's Birthplace, Balto., Md.
 Name of Medical Attendant, or other person who makes this Return, E.C. Applegarth, M.D.
 Address, 8 E. Montgomery St.
 Remarks, Labor normal & easy.

18440004260

third day of each and every month to the Office of the Commissioner of Health, in case the birth of any child is attended by a physician or practitioner of midwifery, or attended by any other person he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth of such child to report its birth to the Commissioner of Health, in case the mother is attended by a physician or practitioner of midwifery, or attended by any other person or persons, and the provisions of this section shall be subject to the provisions of the Act of the General Assembly of the State of Maryland, passed at the second session of the General Assembly, in the year one thousand eight hundred and eighty-four, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the third session of the General Assembly, in the year one thousand eight hundred and eighty-five, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the fourth session of the General Assembly, in the year one thousand eight hundred and eighty-six, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the fifth session of the General Assembly, in the year one thousand eight hundred and eighty-seven, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the sixth session of the General Assembly, in the year one thousand eight hundred and eighty-eight, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the seventh session of the General Assembly, in the year one thousand eight hundred and eighty-nine, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the eighth session of the General Assembly, in the year one thousand eight hundred and ninety, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the ninth session of the General Assembly, in the year one thousand eight hundred and ninety-one, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the tenth session of the General Assembly, in the year one thousand eight hundred and ninety-two, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the eleventh session of the General Assembly, in the year one thousand eight hundred and ninety-three, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the twelfth session of the General Assembly, in the year one thousand eight hundred and ninety-four, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the thirteenth session of the General Assembly, in the year one thousand eight hundred and ninety-five, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the fourteenth session of the General Assembly, in the year one thousand eight hundred and ninety-six, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the fifteenth session of the General Assembly, in the year one thousand eight hundred and ninety-seven, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the sixteenth session of the General Assembly, in the year one thousand eight hundred and ninety-eight, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the seventeenth session of the General Assembly, in the year one thousand eight hundred and ninety-nine, and the provisions of the Act of the General Assembly of the State of Maryland, passed at the eighteenth session of the General Assembly, in the year one thousand eight hundred and one thousand.

RETURN OF A BIRTH 61429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12-1-94

4. Place of Birth, (Street and Number) 1121 N. Gilmore

5. Full Name of Mother, Pearl Hudson

6. Mother's Maiden Name, Couling

7. Mother's Birthplace, Near Richmond Va

8. Full Name of Father, Clement W. Hudson

9. Father's Occupation, Tobacco Salesman

10. Father's Birthplace, Near Richmond Va

Name of Medical Attendant, or other Person who makes this Return

Chas. S. Barker, M.D.

Address

1742 DRUID HILL AVE.

Remarks

BALTIMORE, MD.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

third day of each and every month to the office of the Registrar, in the form of a certificate between the first and second day of each and every month, in each case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or of the parent or parents of such child, or of the mother, immediately thereafter it shall become the duty of the parent or parents of such child, or of the mother, to cause a certificate to be made and signed by some person or persons, and such certificate shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 11420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Dec 1st 1894
4. Place of Birth, (Street and Number) 130 old York Road
5. Full Name of Mother, Rachel Davis
6. Mother's Maiden Name, Rachel ~~Davis~~ Hall
7. Mother's Birthplace, md
8. Full Name of Father, William Davis
9. Father's Occupation, Labor
10. Father's Birthplace, Pa
- Name of Medical Attendant, or other person who makes this Return, Annie Thompson
- Address, 825 Remington Ave Balto Md
- Remarks, _____

8940006262

RETURN OF A BIRTH 61431

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 1st 1894 5 a m.

4. Place of Birth, (Street and Number)

1031 W. Lexington St.

5. Full Name of Mother,

Paulina Myer

6. Mother's Maiden Name,

Paulina Bronowitch

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Abraham Myer

9. Father's Occupation,

Merchant

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Alexington M.D.

Address,

436 W. Lexington St.

Remarks,

child has or shall be delivered, only signed by the physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the time specified in the provisions of this section, and the person or persons so failing to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *this is first*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Dec 2nd 1894*
4. Place of Birth, (Street and Number) *215 York st*
5. Full Name of Mother, *Minnie Estella Jackson*
6. Mother's Maiden Name, *Minnie Estella Maddox*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Levi Schatman Jackson*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Willay Gross*
- Address, *17 Wilan Street*
- Remarks,

1 8 9 4 0 0 0 5 2 6 4

RETURN OF A BIRTH. 61433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 2, 1894

4. Place of Birth, (Street and Number) Baltimore Ind 312 Woodyear

5. Full Name of Mother, Oliver Viola Grey

6. Mother's Maiden Name, Barker

7. Mother's Birthplace, Baltimore Ind.

8. Full Name of Father, Hyman Rogers Grey

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore Ind.

Name of Medical Attendant, or other person who makes this Return, Mary Kranning

Address, 414 S. D. Tucker St. Baltimore Ind.

Remarks, Mother and child are doing well

18940006265

In case the birth of any child is attended by a physician or practitioner of medicine, or by a midwife, or by a nurse, or by a person who is not a resident of the city, the birth of such child shall be reported to the Registrar of Vital Statistics, in the manner and within the period above required, and the person so failing to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 2, 1894

4. Place of Birth, (Street and Number) 2314 Foster Ave.

5. Full Name of Mother, Mary Chambers

6. Mother's Maiden Name, Mary Chambers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Chambers

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary S. Swaine

Address, 924 Canton St.

Remarks, _____

18940206266

RETURN OF A BIRTH. 61435- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 2nd Dec

4. Place of Birth, (Street and Number) 315 Sunset st

5. Full Name of Mother, Luzzer Meyer

6. Mother's Maiden Name, Roth

7. Mother's Birthplace, Polto

8. Full Name of Father, Chas Meyer

9. Father's Occupation, Can Maker

10. Father's Birthplace, Polto

Name of Medical Attendant, or other person who makes this Return, Thos R Hilly

Address, 1302 E Lexington

Remarks, _____

1 8 9 4 0 0 5 2 6 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance to report its birth to the Commissioner of Health, in the month and day within which the birth of such child took place, the person or persons so neglecting to report its birth shall be liable to a fine of ten dollars, and shall be responsible for the cost of the examination of the child, and for the cost of the certificate of birth to be issued by the Commissioner of Health, for each such offense, to be recovered on other fines and costs due to the State.

GIVEN NAME ADDED 12-31-58
OF A BIRTH. 61436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice M. Bennett
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *—*
3. Date of Birth, *Dec. 2. 94*
4. Place of Birth, (Street and Number) *124 S. Bond St.*
5. Full Name of Mother, *Mrs. May Woodward Bennett*
6. Mother's Maiden Name, *Miss May Woodward*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Joseph Owens Bennett*
9. Father's Occupation, *Prod. Dealer*
10. Father's Birthplace, *Sharp-Towne Pimlico, Md.*
Name of Medical Attendant, or other person who makes this Return, *G. G. Lamb M. D.*
Address, *2000 E. Baltimore St.*
Remarks, *B. Forceps delivery*

8 9 4 0 0 0 4 2 6 8

RETURN OF A BIRTH, 61437

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Child, race, ancestry and sex of child, color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) _____
3. Date of Birth 2 December
4. Place of Birth, (Street and Number) 1226 Battery Ave Baltimore
5. Full Name of Mother Anna B. Farn
6. Mother's Maiden Name " " Wüsching
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Farn
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway
- Address _____
- Remarks _____

18740005269

and secured one shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the practitioner shall be liable to a fine of five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, 2nd Dec. Sunday.
4. Place of Birth, (Street and Number) 1024 Lincolnton St.
5. Full Name of Mother, Mary E. Harding.
6. Mother's Maiden Name, Mary E. Booley.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, John Harding.
9. Father's Occupation, Sailor.
10. Father's Birthplace, Balto. County Md.
- Name of Medical Attendant, or other person who makes this Return, Rachel Liscoe.
- Address, 1020 Lincolnton St. Balto. Md.
- Remarks,

18940005270

RETURN OF A BIRTH. 61440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child shall occur within the limits of the City of Baltimore, the person or persons of whom the birth shall be reported shall be subject to the provisions of the Act in that behalf made, and shall be liable to the penalties therein provided for each offense.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Color
- Date of Birth, December 2nd 1894
- Place of Birth, (Street and Number) 809 Hammond Alley
- Full Name of Mother, Rorie Madkins
- Mother's Maiden Name, Rorie Treckern
- Mother's Birthplace, Northampton Co. Va
- Full Name of Father, Samuel Madkins
- Father's Occupation, Labor
- Father's Birthplace, Annandale Co. Md
- Name of Medical Attendant, or other person who makes this Return, Charlotte Williams
- Address, 910 Eastern Hall St
- Remarks, 18940004272

In case the birth of any child shall occur within the period of three days of each and every month to the office of the Commissioner of Health, or should no other person be present at the birth of such child, the mother or other person who shall be present at the birth of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines are recovered.

RETURN OF A BIRTH. 61441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 2nd 1891
4. Place of Birth, (Street and Number) 514 Bond St
5. Full Name of Mother, Bessie Goldman
6. Mother's Maiden Name, Bessie Goldman
7. Mother's Birthplace, Plotchek Russia
8. Full Name of Father, Max Goldmann
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Plotchek Russia
- Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky
- Address, 1022 Lombard St.
- Remarks, _____

8940006273

RETURN OF A BIRTH 61442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec. 3rd 1894

4. Place of Birth (Street and Number),

537 Dolphin St.

5. Full Name of Mother,

Lula Linde

6. Mother's Maiden Name,

Lula Wirtz

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Paul L Linde

9. Father's Occupation,

Fireman

10. Father's Birthplace,

New York N.Y.

Name of Medical Attendant, or other person who makes this Return.

M. G. Smith M.D.

Address,

1112 David Hill St.

Remarks,

18940005274

could be delivered, duly signed by the practitioner in the form of a certificate between the first and third day after the birth of the child, and filed in the office of the Registrar of Vital Statistics, Baltimore City, before the birth of any child, and the person who shall become the duty of the Registrar of Vital Statistics, Baltimore City, to file the same, and who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 + 8th
1. Sex, (state whether male or female) Both Females
2. Race or Color, (if not of the white race) d Col'd
3. Date of Birth, Dec 3-
4. Place of Birth, (Street and Number) 353 Davis St.
5. Full Name of Mother, Augusta Stewart
6. Mother's Maiden Name, do
7. Mother's Birthplace, City
8. Full Name of Father, Chas Johnson
9. Father's Occupation, Porter
10. Father's Birthplace, Richmond
- Name of Medical Attendant, or other person who makes this Return, Oliver Geer
- Address, 1583 Melon St
- Remarks, Twins
- 8940006275

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person having charge of the child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

61444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (State whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 3rd 1894.

4. Place of Birth, (Street and Number)

609 N. Calvert St.

5. Full Name of Mother,

Mrs. Emilie H. Canfield

6. Mother's Maiden Name,

" " Grove

7. Mother's Birthplace,

Philadelphia, Pa.

8. Full Name of Father,

Arden G. Canfield, Jr.

9. Father's Occupation,

Secretary Protective League

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

D. W. Catheers, M.D.

Address,

1305 N. Calvert St.

Remarks,

18940006276

GIVEN NAME ADDED 11-21-56
 RETURN OF - A BIRTH. 61446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reba Meiserowitz
 No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec. 3rd 1894*
 4. Place of Birth, (Street and Number) *2310 Stockton Ave*
 5. Full Name of Mother, *Mary Meiserowitz*
 6. Mother's Maiden Name, *Lavine*
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Samuel Meiserowitz*
 9. Father's Occupation, *Shoemaker*
 10. Father's Birthplace, *Russia*
 Name of Medical Attendant, or other person who makes this Return, *Wm. E. Miller M.D.*
 Address, *2239 Penna. Ave.*
 Remarks,

8940005278

In case the birth of any child is reported to the Office of the Registrar of Vital Statistics, Baltimore City, by a physician or practitioner of medicine, or by a nurse, or by a midwife, or by a person who is not a resident of Baltimore City, the person so reporting shall become the duty of the person so reporting to cause the birth of such child to be reported to the Office of the Registrar of Vital Statistics, Baltimore City, in the manner and within the time required, and the person so reporting shall be liable to the penalties provided in the said section shall be subject to the penalties provided in the said section, and the person so reporting shall be liable to the penalties provided in the said section.

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 3*
4. Place of Birth, (Street and Number) *Clarkson st. 1430*
5. Full Name of Mother, *Mary Davis*
6. Mother's Maiden Name, *Wilke*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Davis*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Carolina Schwarz*
- Address, *434 Fort ave*
- Remarks,

18940006279

shall pay for each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, immediately thereafter, it shall become the duty of the person so attending the mother to report the birth to the Commissioner of Health, in the manner and within the time specified above required, and to submit her certificate to the Commissioner of Health, who shall thereupon issue a certificate of birth, which shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 61448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second -

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 3rd - 1893
4. Place of Birth, (Street and Number) 715 Bloomingdale Ave.
5. Full Name of Mother, Alice V. Longley
6. Mother's Maiden Name, " Correll
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, William M. Longley
9. Father's Occupation, Feed and Produce Dealer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return.

~~Address~~

Remarks, This case is forgot.

Address 1530 Harbison Ave -

18940006280

Kind any of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a midwife or other person, it shall be the duty of the midwife or other person to report the birth of the child to the office of the Commissioner of Health, in the manner and within the time specified above, and to sign and forward to the office of the Commissioner of Health a certificate of the birth of the child, in the form and to the effect hereinafter provided. Any person or persons who fail to comply with the provisions of this section shall be subject to the fine of two dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 5-6-59

61449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Rachel Anna Tomlinson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 3^d, 1894*

4. Place of Birth, (Street and Number) *1620 Baker St*

5. Full Name of Mother, *Jessie Tomlinson*

6. Mother's Maiden Name, *Hewitt*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *Vincent Tomlinson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto City*

Name of Medical Attendant, or other person who makes this Return, *John B. Anck*

Address, *647 W Lafayette Ave*

Remarks,

1 6 9 4 0 0 0 6 2 8 1

In case no other person be in attendance upon the mother, the midwife or practitioner of midwifery, or the person or persons of such child to report its birth to a who shall hereafter fail to do so, shall be liable to a fine of five dollars for each offense to be recovered as other filers.

GIVEN NAME ADDED 72-2-55
RETURN OF A BIRTH. 61450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Louise Jackson
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1894, Dec. 4th 1402 Holl St.

4. Place of Birth, (Street and Number) *Elsie Jackson*

5. Full Name of Mother, *Benny*

6. Mother's Maiden Name, *Baltimore*

7. Mother's Birthplace, *Paris King Jackson*

8. Full Name of Father, *Baltimore*

9. Father's Occupation, *Heischmidt*

10. Father's Birthplace, *W. J. Maffeo*

Name of Medical Attendant, or other person who makes this Return.

Address, 1351 Holl St. *Laurel Cent.*

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, of the person or persons he in attendance upon, or if the birth of a child shall occur within the period above required, and any such person or persons shall fail to comply with the provisions of this act, he or she shall be liable for each offense, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 61457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Boy.

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

4. December

4. Place of Birth, (Street and Number)

N. 107. Wolfe Street.

5. Full Name of Mother,

Mary König.

6. Mother's Maiden Name,

Mary Bauerfeldt.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Thomas König.

9. Father's Occupation,

Shoemaker.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Mary Glass.

Address,

1933 Fairmount St. E.

Remarks,

6940006283

RETURN OF A BIRTH. 61452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 4, 1874

4. Place of Birth, (Street and Number) 318 N Ann Street

5. Full Name of Mother, Catherine Douglas

6. Mother's Maiden Name, " Deputy

7. Mother's Birthplace, Queen Anne's County

8. Full Name of Father, Samuel Douglas

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Queen Hospital

Address, 123 N Durham St

Remarks,

18740006284

RETURN OF A BIRTH. 61453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female).

White

2. Race or Color, (if not of the white race)

Dec 4th 1894

3. Date of Birth,

29 S. Bond

4. Place of Birth, (Street and Number)

Anna G. Hurda

5. Full Name of Mother,

" " Weitsche

6. Mother's Maiden Name,

Baets City

7. Mother's Birthplace,

Herrmann G. Hurda

8. Full Name of Father,

Clark

9. Father's Occupation,

Germany

10. Father's Birthplace,

J. Ridgway Andoe M.D.

Name of Medical Attendant, or other person who makes this Return.

1123 E. Baets St.

Address,

Remarks,

18940006285

RETURN OF A BIRTH. 61454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) — female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 4th 1894

3. Date of Birth, November 7
4. Place of Birth, (Street and Number) off 10 Garrison Lane
Burr, Kauffman

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Barrie Kuffman
Barrie Lee

5. Full Name of Mother, Barrie Lee
6. Mother's Maiden Name, Battimoff

6. Mother's Maiden Name, Battimore
7. Mother's Birthplace, George, Va

7. Mother's Birthplace, _____ George Kauffman
8. Full Name of Father, _____
9. Father's Occupation, _____ Solicitor

8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

~~1 8 9 4 0 0 0 6 2 8 6~~

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, or to the office of the Commissioner of Health, by any person or persons, such person or persons shall become the duty of the person or persons so reporting, and shall be liable to the same penalties as are provided in this section shall be applicable to any such person or persons who shall hereafter fail to comply with the provisions of this section. The names and addresses of all persons who have been reported for each offence, to be recovered no other fines and penalties shall be assessed to the fine of ten dollars for each offence.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3^d).*
 1. Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) *White.*
 3. Date of Birth. *December 4th 1894.*
 4. Place of Birth, (Street and Number) *1938 David Hill Ave.*
 5. Full Name of Mother, *Mary Martha Lambdin.*
 6. Mother's Maiden Name, *Kenny.*
 7. Mother's Birthplace, *Philadelphia, Penna.*
 8. Full Name of Father, *Morris Lambdin.*
 9. Father's Occupation, *Printer.*
 10. Father's Birthplace, *Washington, D. C.*
 Name of Medical Attendant, or other Person who makes this Return *Dr. W. Knight M.D.*
 Address, *414 N. Greene St.*
 Remarks, _____

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, it shall be the duty of the mother, immediately thereafter, to report the birth to the Registrar of Vital Statistics, in the manner, and at the time, prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, it shall be the duty of the mother, immediately thereafter, to report the birth to the Registrar of Vital Statistics, in the manner, and at the time, prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, it shall be the duty of the mother, immediately thereafter, to report the birth to the Registrar of Vital Statistics, in the manner, and at the time, prescribed by the Board of Health.

RETURN OF A BIRTH. 61456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th December 1894

4. Place of Birth, (Street and Number) Dorson St. of 1842

5. Full Name of Mother, Maria M. Nely

6. Mother's Maiden Name, "

7. Mother's Birthplace, England

8. Full Name of Father, Thomas M. Nely

9. Father's Occupation Leber

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler

Address, E. Front Ave No 1708

Remarks, -

1 8 9 4 0 0 0 6 2 8 8

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the mother or other person in whose custody the child is placed shall be liable to a fine of five dollars for each offense, to be recovered as other fines are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Over
61457
Name of Child: Frederick Sachs
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 4th 1894
4. Place of Birth, (Street and Number) 1122 E Lombard St
5. Full Name of Mother, Molka Sachs
6. Mother's Maiden Name, Molka Sachs
7. Mother's Birthplace, Podova Russia
8. Full Name of Father, Isaac Sachs
9. Father's Occupation, Tailor
10. Father's Birthplace, Podova Russia
Name of Medical Attendant, or other person who makes this Return, Mytha Shavansky
Address, 1122 E Lombard St
Remarks,

18940006289

RETURN OF A BIRTH. 6/45

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec. 5/1904

4. Place of Birth, (Street and Number) W. C. Donovan St., 802

5. Full Name of Mother, Maggie Howell

6. Mother's Maiden Name, Nelson

7. Mother's Birthplace, W. Mary County

8. Full Name of Father, Joseph Howell

9. Father's Occupation, Coachman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, Mrs. Beulah Howard
or other person who makes this Return.

Address, #1013 N. E. Maple St.

Remarks,

RETURN OF A BIRTH. 614 59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5-18
4. Place of Birth. (Street and Number) 1214 N Gay
5. Full Name of Mother, Kate McLaughlin
6. Mother's Maiden Name, Kate Gilbert
7. Mother's Birthplace, Balt.
8. Full Name of Father, Robt McLaughlin
9. Father's Occupation, Boiler
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Daniel V Moyer M.D.
- Address, 1700 N Edue St
- Remarks,

5940006291

shall pay for each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a medical officer, and shall be liable to a fine of five dollars for each offense, to be recovered as other fines are recoverable. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of five dollars for each offense, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 February

4. Place of Birth, (Street and Number) 32 E. Heath St.

5. Full Name of Mother, Emma Gerlach

6. Mother's Maiden Name, " Babler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Gerlach

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. M. Jones

Address, 1331 Full St. N. E. Cor. 1st St.

Remarks,

61461

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife, or other person, the person or persons of such child shall be liable to the penalty provided in this section shall be subject to the fine of ten dollars for each offence, to be recovered as other such penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Carl* 61462
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5th December 1897*
4. Place of Birth, (Street and Number) *Garrett St. No. 1400*
5. Full Name of Mother, *Maria Schubert*
6. Mother's Maiden Name, *Mlein*
7. Mother's Birthplace, *Washington*
8. Full Name of Father, *Paulus Schubert*
9. Father's Occupation, *Salon Keeper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Lizzie Schaeffler*
- Address, *C. Fort Ave No 1408*
- Remarks,

RETURN OF A BIRTH. 61463

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
whether male or female Male
Color, (if not of the white race) White
Birth, Fifth
Birth, (Street and Number) Baltimore, Dover st. 1831
Name of Mother, Maggie Street
Maiden Name, Maggie Blount
Birthplace, Howard County
Name of Father, Alfred Street
Occupation, Bricklayer
Birthplace, Washington
Medical Attendant, Mrs. Ruth Belcher
or other person who makes this Return. No. 1814. Dover st

18940506295

RETURN OF A BIRTH. 61464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....9

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 December

4. *Place of Birth, (Street and Number)* 1403 Herbert St

5. Full Name of Mother, Gene Howard

6. *Mother's Maiden Name,* Burke

7. *Mother's Birthplace*, _____ *Liverpool*

8. Full Name of Father, J. H. Howard

9. *Father's Occupation* Hobos

10. Father's Birthplace, Kidnapal

Name of Medical Attendant, or other person who makes this Return

Address, 133 Hurst St.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother, her husband and within the period so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, or the mother, or the father, or the person or persons who shall hereafter fail to comply with the provisions of this section, to cause the child to be taken to the nearest hospital or other place where it can be recovered, and the cost of such recovery shall be paid by the person or persons liable therefor. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, or the mother, or the father, or the person or persons who shall hereafter fail to comply with the provisions of this section, to cause the child to be taken to the nearest hospital or other place where it can be recovered, and the cost of such recovery shall be paid by the person or persons liable therefor.

RETURN OF A BIRTH. 61466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Sophie Noack Nird
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 6th 1894*
4. Place of Birth, (Street and Number) *1031 Park St*
5. Full Name of Mother, *J. A. Carris Noack*
6. Mother's Maiden Name, *J. A. Carris Wiedemann*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John A. Noack*
9. Father's Occupation, *Shoe-cutter*
10. Father's Birthplace, *New York City*
Name of Medical Attendant, or other person who makes this Return, *Mrs. A. M. Bischoff*
Address, *No. 780 Cross St.*
Remarks,

RETURN OF A BIRTH 61467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 6 1894*

4. Place of Birth, (Street and Number) *Baltimore 712 Bruce St*

5. Full Name of Mother, *Mary Jane Crawford*

6. Mother's Maiden Name, *Mary J. Week*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Samuel Crawford*

9. Father's Occupation, *Marble cutter*

10. Father's Birthplace, *Essex City*

Name of Medical Attendant, *Mrs Mary Boysaw*
or other Person who makes this Return

Address, *1327 N. Calhoun St*

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the parent or person in charge of the child, to the Office of the Registrar of Vital Statistics, Baltimore City, in case the certificate between the first and second birth of such child is not presented to the Office of the Registrar of Vital Statistics, Baltimore City, within the period of one year after the birth of such child. In case the birth of any child is reported to the Office of the Registrar of Vital Statistics, Baltimore City, by a person other than the parent or person in charge of the child, the said schedule shall be delivered, duly signed by such person, to the Office of the Registrar of Vital Statistics, Baltimore City, within the period of one year after the birth of such child. In case the birth of any child is reported to the Office of the Registrar of Vital Statistics, Baltimore City, by a person other than the parent or person in charge of the child, the said schedule shall be delivered, duly signed by such person, to the Office of the Registrar of Vital Statistics, Baltimore City, within the period of one year after the birth of such child. In case the birth of any child is reported to the Office of the Registrar of Vital Statistics, Baltimore City, by a person other than the parent or person in charge of the child, the said schedule shall be delivered, duly signed by such person, to the Office of the Registrar of Vital Statistics, Baltimore City, within the period of one year after the birth of such child.

RETURN OF A BIRTH. 61468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6th 1894

4. Place of Birth, (Street and Number) 1066 Saw St

5. Full Name of Mother, Spruchen Murov

6. Mother's Maiden Name, Starmenovez

7. Mother's Birthplace, Siberia, Russia

8. Full Name of Father, Same Murov

9. Father's Occupation, Tailor

10. Father's Birthplace, Bucapola Russ

Name of Medical Attendant, or other person who makes this Return, Nette Klawansky

Address, 1022 E Lombard St

Remarks, _____

18940006300

third day of each month, to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, and the mother, immediately thereafter, fails to report its birth to the Commissioner of Health, or any other person or persons, who are authorized to make such reports, the mother, or any such person or persons, shall be liable to a fine of five dollars for each offense, to be recovered as other fines and penalties are recovered.

said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance without the attendance of the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to do so shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, Dec 6th 1894

4. Place of Birth, (Street and Number) 1307 John St

5. Full Name of Mother, Florence Eugenia Coale

6. Mother's Maiden Name, Meyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph G. Coale

9. Father's Occupation, Manager Maryland Brass Works

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elias L. Price, M.D.

Address, 963 Madison Ave.

Remarks,

18940006301

RETURN OF A BIRTH 61470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st -

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 6, 1894

4. Place of Birth, (Street and Number) 22 W. Huntington Ave

5. Full Name of Mother, Sarah W. Waters

6. Mother's Maiden Name, " " Engler

7. Mother's Birthplace, Maryland

8. Full Name of Father, Thos. S. Waters Jr.

9. Father's Occupation, Merchant

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Flora A. Brewster M.D.

Address, Donna A. Waldron M.D.

Remarks, 1221 Madison Ave.

of the parents, and the maiden name of the mother of such child or children."

In case the birth of any child shall occur at each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and form provided by the regulations of the Board of Health, and for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 6th 1894

4. Place of Birth, (Street and Number) 739 Dolphin St

5. Full Name of Mother, Ida S. Warkman

6. Mother's Maiden Name, " Anne

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Theodore Warkman

9. Father's Occupation, bookkeeper

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, J. Harvey Bell M.D.

Address, 807 N. Calverton Ave.

Remarks,

1 8 9 4 0 0 0 6 3 0 3

RETURN OF A BIRTH. 61473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to make a return of the birth of the child, and to sign the same, and to file the same in the office of the Registrar of Vital Statistics, within the time specified in this section, and the failure to do so shall be punishable by a fine of not more than \$100, and the return so made shall be admissible in evidence in any such case.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Friday Dec 7th/24
 4. Place of Birth, (Street and Number) 627 N. Eden St
 5. Full Name of Mother, Elizabeth Stanley
 6. Mother's Maiden Name, Elizabeth Turner
 7. Mother's Birthplace, Annapondal Co Md
 8. Full Name of Father, Harry A Stanley
 9. Father's Occupation, Clerk of Md. Mutual Benefit Association
 10. Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other person who makes this return, Mrs. Susan H. Cooper
 Address, 123 N. Larnham St
 Remarks, The baby is sick it was born sick
7-4 sure 108 9 44 00 00 6 3 0 5

GIVEN NAME ADDED 2-17-49

RETURN OF A BIRTH.

61474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Edna Irene Koller*

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec 7th, 1894*
4. Place of Birth, (Street and Number) *1612 Holbrook*
5. Full Name of Mother, *Kate Koller*
6. Mother's Maiden Name, *Kate Loo*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Daniel Koller*
9. Father's Occupation, *Telegraph operator*
10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other person who makes this Return, *Daniel V. Moyes MD*

Address, *1200 W. Edue St City*

Remarks,

18940006306

shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, the name of the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH. 61475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 61476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child is attended by a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons attending the birth shall become the duty of the person or persons attending the birth, in the manner and within the time prescribed in this section, to report the birth of the child to the Registrar of Vital Statistics, and to file a copy of the report with the Registrar of Vital Statistics. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, and to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the Court of Sessions, for each offense, to be recovered in other due and lawful manner.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17 Children
- Sex, (state whether male or female) male - 2 twins
- Race or Color, (if not of the white race) colored
- Date of Birth, Dec 7 - 1 born 20 minutes past 10 o'clock and 25 minutes past 10 o'clock
- Place of Birth, (Street and Number) 817 Mc Donough St
- Full Name of Mother, Julia Johnson
- Mother's Maiden Name, Henderson
- Mother's Birthplace, md
- Full Name of Father, Henry Johnson
- Father's Occupation, labor
- Father's Birthplace, md
- Name of Medical Attendant, or other person who makes this Return, Joseph Cooper
- Address, 913 Shuler Street
- Remarks, Joseph Cooper

RETURN OF A BIRTH. 61477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *This is 7th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Born on the 8th of Decem 1894*

4. Place of Birth, (Street and Number) *Ch 132 W. Randol St*

5. Full Name of Mother, *Mary E. Egan*

6. Mother's Maiden Name, *Mrs E. Egan*

7. Mother's Birthplace, *Calvert co Md*

8. Full Name of Father, *John Egan*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Calvert co Md*

Name of Medical Attendant, _____ or other person who makes this Return.

Address, _____

Remarks, _____

Maggie A. Wilkison
1 8 9 4 0 0 0 6 3 0 9

RETURN OF A BIRTH. 61478
Statistics Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) *Fla*

5. Full Name of Mother, _____

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father,

9. *Father's Occupation,*
Birthplace,

10. Father's Birthplace,
Name of Medical Attendant,

or other person who
has this Return

Address,

Remarks,

1 8 9 4 0 0 0 3 3 1 0

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, if that husband and within the period of time required, and in accordance with the provisions of this section shall be subject to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines of such person or persons may be recovered.

RETURN OF A BIRTH.

61479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth.
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation
 10. Father's Birthplace,
 Name of Medical Attendant, or other person who makes this Return.
 Address.
 Remarks.

14th
 male
 White
 Dec 8/84
 527 W. Bond St
 Dela. H. Backelman
 Dela. H. Backelman
 Baltimore
 J. W. Henry Backelman
 Clothing Cutter
 Baltimore
 E. W. Wicks, M.D.
 407 Sharp St

8940203311

RETURN OF A BIRTH. 61480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Merid

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Dec. 8, 1894.

3. Date of Birth,

4. Place of Birth, (Street and Number)

1245 N. Lombard St.

5. Full Name of Mother,

Carrie Klages

6. Mother's Maiden Name,

Carl

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Henry Klages

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

D. Norwood Reed

Address,

939 N. Fayette St.

Remarks,

8940-04312

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or the father, or the person who shall be substituted in their place, shall be liable to a fine of not more than five dollars for each offence, to be recovered as other fines are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 8 1894
 4. Place of Birth, (Street and Number) Baltimore Md 220 Parkin St.
 5. Full Name of Mother, Walter Zastowski
 6. Mother's Maiden Name, Herogniska
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Peter Zastowski
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Germany
 Name of Medical Attendant, Mrs Mary Krainig
 Address, 414 S. Tucker St. Baltimore Md
 Remarks, Mother and Child are doing well

Wm J C. Dulany Co., City Printers and Stationers.

In case the birth of any child is registered by a practitioner of midwifery or any other person he may be liable to a fine of one hundred dollars for each offence. In case the birth of any child is registered by a practitioner of midwifery or any other person he may be liable to a fine of one hundred dollars for each offence. In case the birth of any child is registered by a practitioner of midwifery or any other person he may be liable to a fine of one hundred dollars for each offence.

When day of birth is given, any to be given in the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines are recoverable.

RETURN OF A BIRTH. 61483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 8

4. Place of Birth, (Street and Number)

#2715 Hudson & Binegat

5. Full Name of Mother,

Olla Hime

6. Mother's Maiden Name,

Olla Nagle

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Michael A Hime

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mary A. Peptner

Address,

#241 S. Chester

Remarks,

16740006315

third day of each and every month of the year, the physician or practitioner in the form of a certificate, between the first and second day of the month, to the office of the Commissioner of Health, or should no other person be in attendance, without the signature of the physician or practitioner, the duty of the person or persons required, and any such person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other dues and penalties.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 9
4. Place of Birth, (Street and Number) 874 Columbia Ave.
5. Full Name of Mother, Kathrine Allbrecht
6. Mother's Maiden Name, Kathrine Phelps
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm Allbrecht
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Baltimore Md.
Name of Medical Attendant, Mrs. Cooper
or other person who makes this Return.
Address, S. Pappaloni St.
Remarks, _____

18940006316

and for each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the person attending upon the mother, immediately thereafter, it shall become the duty of the person attending upon the mother, to report its birth to the office of the Commissioner of Health, in the manner and within the time specified in the section above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

461484 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 9 1894

4. Place of Birth, (Street and Number)

703 1/2 Calvert St.

5. Full Name of Mother,

Mary A. McNeill

6. Mother's Maiden Name,

" " Hogan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John McNeill

9. Father's Occupation

Court Bailiff

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Ernest J. McNeill

Address,

208 Air Street

Remarks,

10940206317

and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other entry of such birth be made in the birth register, the person who shall be the father of such child shall be liable to a fine of \$100, and shall be liable to a fine of \$100 for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61485-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 9th 1895

4. Place of Birth, (Street and Number) 28 Albemarle

5. Full Name of Mother, Minnie Karmen

6. Mother's Maiden Name, Karmen

7. Mother's Birthplace, Sedlitz Russ

8. Full Name of Father, A Karmen

9. Father's Occupation, Tailor

10. Father's Birthplace, Sedlitz Russ

Name of Medical Attendant, or other person who makes this Return, Yette Klawnsky

Address, 1122 E Lombard St

Remarks,

18940006318

RETURN OF A BIRTH. 61486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 9th 1892*
4. Place of Birth, (Street and Number) *1019 E Lombard St*
5. Full Name of Mother, *Chia Kalmenovitz*
6. Mother's Maiden Name, *Chia Harrison*
7. Mother's Birthplace, *Solar Russ*
8. Full Name of Father, *S. Kalmenovitz*
9. Father's Occupation, *Business*
10. Father's Birthplace, *Solar Russia*
- Name of Medical Attendant, or other person who makes this Return, *Yetta Klavansky*
- Address, *1222 E Lombard St*
- Remarks, _____

15940003319

RETURN OF A BIRTH. 61487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name,*-

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 6 3 2 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs on the first day of the month, the physician or midwife, or should no other person be present, the mother, shall report its birth to the office of the Commissioner of Health, in the manner and within the time above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of five dollars for each offense, to be recovered as other fines.

RETURN OF A BIRTH. 61488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. 18 9. September

4. Place of Birth, (Street and Number) 1416 Indiana St

5. Full Name of Mother, Maria Toppin

6. Mother's Maiden Name. " Davis

7. Mother's Birthplace, Germany

8. Full Name of Father, Otto Toppin

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. W. M. M. M.

Address, 1331 E. St. Louis, Mo.

Remarks.

Noted day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in default of such report the parents or persons so failing to comply with the provisions of this act shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10th 1894

4. Place of Birth, (Street and Number) 1449 Patapsco St

5. Full Name of Mother, Rebecca Hennessey

6. Mother's Maiden Name, Rebecca Newman

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Hennessey

9. Father's Occupation, Boiler Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patapsco St

Remarks, _____

18940006322

RETURN OF A BIRTH. 61490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10 1894

4. Place of Birth, (Street and Number) 942 Milton Place

5. Full Name of Mother, Roberta Briscoe

6. Mother's Maiden Name, Campbell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Briscoe

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. J. Brewer M.D.

Address, 1106 McCulloch Street

Remarks, _____

1 8 9 4 0 0 6 3 2 3

RETURN OF A BIRTH. 61491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dec 11. 1894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Balto Dec 10. 1894.

4. Place of Birth, (Street and Number) 1602 Alice Anne St.

5. Full Name of Mother, Mary Zeller.

6. Mother's Maiden Name, Mary Bensch.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Andrew Zeller.

9. Father's Occupation, Cigar Manufacturer.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary Amend.

Address, 410. S. Wolfe St.

Remarks, 27

18940006324

shall be deemed to be a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be liable to the fine of ten dollars for each offense, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

61492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 10

4. Place of Birth, (Street and Number) 602 Fitch St

5. Full Name of Mother, May Crash

6. Mother's Maiden Name, Mary Linsney

7. Mother's Birthplace, Ireland

8. Full Name of Father, Peter Crash

9. Father's Occupation, Clerk

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, John B. Huck

Address, 647 N. Lafayette Ave

Remarks,

1 6 9 4 0 0 0 6 3 2 5

Filed day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall be attended by a physician or practitioner of midwifery, he shall become the duty of the person attending such child to report to birth in the manner and within the time specified in the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered in other cases and in other cases are recoverable.

RETURN OF A BIRTH. 61493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) American White
3. Date of Birth, Monday Dec 10, 1914 - 12-15 noon
4. Place of Birth, (Street and Number) #511 12th St
5. Full Name of Mother, Annie M. Wright
6. Mother's Maiden Name, Korber
7. Mother's Birthplace, #800th Franklin St Balto Md
8. Full Name of Father, Charles E. W. Wright
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto Maryland
- Name of Medical Attendant, or other person who makes this Return, Susan Hunter
- Address, 2317 Poppleton St
- Remarks, _____

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person be in attendance upon the mother immediately thereafter, it shall become the duty of the practitioner to report the birth to the Commissioner of Health, in the manner and within the time above required, and to the same extent as if the birth had occurred under the provisions of the Act. No action shall be instituted for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) //

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Dec 10th 1894

4. Place of Birth, (Street and Number) 1126 Thompson St

5. Full Name of Mother, Charlotte Mitchell

6. Mother's Maiden Name, Charlotte Peters

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, Charles Mitchell

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis St

Remarks, as well as can be expected

1 5 4 4 0 0 0 6 3 2 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th Day of December 1931

4. Place of Birth, (Street and Number) 1431 N. 1st St.
Mrs. Michael E. Bruen

5. Full Name of Mother, Mrs. Michael J. [illegible]
[illegible] Soltus

6. Mother's Maiden Name, *Miss Ellen Rogers*
Fe. G. Rogers

7. Mother's Birthplace, County Galway, Ireland
M. B. Quinn

8. Full Name of Father, Michael Saboree

9. Father's Occupation Labour
the ashraz

10. Father's Birthplace, County Galway Ireland

Name of Medical Attendant, ^{or other person who makes this Return.}
 (2) *Ed. J. ...*

Address.

Remarks.

8940 0-43-3 e

every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the father to report the birth to the Commissioner of Health, in the manner and within the period above required, and if he fails to do so he shall be liable for each offense, to be recovered as other fines and penalties are recoverable.

GIVEN NAME ADDED 2-26-59
RETURN OF A BIRTH. 61498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Frederick Henning

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Dec 10th 1894

4. Place of Birth, (Street and Number)

209 Prince St

5. Full Name of Mother,

Mrs. Louisa Henning

6. Mother's Maiden Name,

Miss. " Dosh

7. Mother's Birthplace,

Saxon. Germany

8. Full Name of Father,

Charles Henning

9. Father's Occupation,

Braver

10. Father's Birthplace,

Saxon. Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

208. Mc Henry St

Remarks,

1 8 9 4 0 0 3 3 1

61499

[illegible]

9 9 4 0 0 9 6 3 3 2

GIVEN NAME ADDED. 5-28-56
RETURN OF A BIRTH. 61500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Magdalena Nash

1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *dec. 11. 1894*
4. Place of Birth, (Street and Number) *133 randal st.*
5. Full Name of Mother, *Maggie Mash.*
6. Mother's Maiden Name, *Hoffman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Jimm. Mash.*
9. Father's Occupation, *labor man.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Carolina Schwarz*
- Address, *434 Fort ave.*
- Remarks, _____

Practitioner in the form of a certificate between the first and second of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to report its birth, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 December
4. Place of Birth, (Street and Number) S Bond str 713
5. Full Name of Mother, Anna Leckorsky
6. Mother's Maiden Name, Macprovic
7. Mother's Birthplace, Pole
8. Full Name of Father, Wladislaw Leckorsky
9. Father's Occupation, Worshman
10. Father's Birthplace, Pole
- Name of Medical Attendant, or other person who makes this Return, Meri Prest
- Address, S Bond str. 838
- Remarks, _____

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report its birth to the office of the Commissioner of Health, and to file a true and correct copy of such report with the proper authorities, and to cause the same to be recorded in the proper books and files, and to cause the same to be recoverable.

RETURN OF A BIRTH.

61502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6. Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Dec 11th 1894

4. Place of Birth, (Street and Number)

213 S. Fulton St

5. Full Name of Mother,

Mrs. Mary Gimbel

6. Mother's Maiden Name,

Miss Gamble

7. Mother's Birthplace,

Hessen Germany

8. Full Name of Father,

Henry Gimbel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Hessen Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. Miller

Address,

2008 N. Henry St

Remarks,

18940005335

and the name and occupation of the parent, the name and place of birth, and the date of birth, and the date of the first day of each, and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, the parent or person who has the custody of the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1137 Bridge St*
4. Place of Birth, (Street and Number) *Dec 12, 84*
5. Full Name of Mother, *Matie A. Craig*
6. Mother's Maiden Name, *Bliss*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Chas L. Craig*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Thos. M. Lempert M.D.*
- Address, *412 S. Paca St*
- Remarks, _____

and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs before the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Dec. 12, '94.*
4. Place of Birth, (Street and Number) *2329 Division St.*
5. Full Name of Mother, _____
6. Mother's Maiden Name, *Mary Powell*
7. Mother's Birthplace, *Howard County*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return, *W. McLean Yeast M.D.*
- Address, *1231 Argyle Ave*
- Remarks, _____

2940004337

shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person so attending shall be liable to such penalty as may be provided by law. No other person shall be permitted to attend the birth of a child to report its birth, unless he or she shall have been previously licensed by the Commissioner of Health, in the manner and within the time and under the conditions and provisions hereinbefore provided. Any person who shall violate any of the provisions of this section shall be subject to the same penalties as are provided for each offense, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH. 61505-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 December Eastern Time. 1918
4. Place of Birth, (Street and Number) —
5. Full Name of Mother, Mary Amen
6. Mother's Maiden Name, Thirajit
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Amen
9. Father's Occupation, Workman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Meri Reed
- Address, —
- Remarks, S. Bond str. 838

RETURN OF A BIRTH. 61506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 1 December
 4. Place of Birth, (Street and Number) Walt. str. 1903
 5. Full Name of Mother, Antonine Rakovsky
 6. Mother's Maiden Name, Jaxensky
 7. Mother's Birthplace, Pole
 8. Full Name of Father, Valensi Rakovsky
 9. Father's Occupation, Workman
 10. Father's Birthplace, Rusland Pol
 Name of Medical Attendant, or other person who makes this return, Mr. Beck
 Address, 8 Bond 838
 Remarks, _____

third day of each and every month to the office of the Commissioner of Health, to make the birth of any child
 attendance of a physician or practitioner of medicine, or should no other person be in
 attendance upon the mother, immediately after the birth of the child, the physician or practitioner of medicine
 child to report its birth to the office of the Commissioner of Health, in the manner and within the time specified
 any such person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and
 forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 1st 1894

4. Place of Birth, (Street and Number) 725 Pierce St.
W. E. Chapman

5. Full Name of Mother, Mary E. Chapman

6. Mother's Maiden Name, ... Chapman

7. Mother's Birthplace, *Balto. Md.*
D. C. (Chas.)

8. Full Name of Father, Robert Chapman
James Stable

9. Father's Occupation. *Quarry Stable*
Butcher

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. *Mr. J. H. May*

Address, No. 722. Bradley St.

Remarks,

8940006340

RETURN OF A BIRTH. 61578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 14, 94

4. Place of Birth, (Street and Number) 622 W. Luman St.

5. Full Name of Mother, Maggie A. Landenlager

6. Mother's Maiden Name, " " Mc Mahon

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James Frank Landenlager

9. Father's Occupation, Bar Keeper

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who made this Return, H. E. Kniffen M.D.

Address, 523 Scott St.

Remarks, ...

In case of each and every woman to the office of the Commissioner of Health, immediately upon the birth of a child, and in case of each and every person who shall occur without the attendance of a physician or practitioner of medicine, immediately upon the birth of a child, and in case of each and every child to report its birth to the office of the Registrar of Vital Statistics, in the manner and within the time specified above required, and any person who shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 1 December 1894

4. Place of Birth, (Street and Number) Bank St. Baltimore Md

5. Full Name of Mother, Mary Speckell

6. Mother's Maiden Name, Mary Carroll

7. Mother's Birthplace, Virginia

8. Full Name of Father, William Joseph Speckell

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, Bernelia Allen

Address, 1407 Nicholson St City

Remarks, 18940006342

RETURN OF A BIRTH. 61570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd,

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,.....

Dec 1, 94

4. Place of Birth, (Street and Number).....

1501 N. Cross St.

5. Full Name of Mother,.....

Mrs. Margaret A. Kille

6. Mother's Maiden Name,.....

Margaret Peathers

7. Mother's Birthplace,.....

Baltimore Co. Md.

8. Full Name of Father,.....

Emil C. Burns

9. Father's Occupation,.....

Clerk

10. Father's Birthplace,.....

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,.....

H. C. Knapp M.D.

Address,.....

523 S. E. St.

Remarks,.....

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third lines of the above schedule, to the mother, immediately thereafter it shall become the duty of the mother or parents of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time and within the limits above required, and the failure to do so shall be deemed a violation of the law, and the practitioner shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

18940006343

RETURN OF A BIRTH. 61511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. Mother's Birthplace,

8. *Full Name of Father,*

9. Father's Occupation,

10. *Father's Birthplace,*

Name of Medical Attendant.

Address, _____

Address, _____

Remarks, _____

Wm J. C. Bulany Co., City Printers and Stationers.

8 9 4 0 0 6 3 4 4

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur within the month, the practitioner shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and form provided in this section. Any person or persons who shall neglect to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 61513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd December

4. Place of Birth, (Street and Number) Bethel St. 808

5. Full Name of Mother, Veronika Vecalek

6. Mother's Maiden Name, Kajensky

7. Mother's Birthplace, Mropa

8. Full Name of Father, Josef Vecalek

9. Father's Occupation, Hausmakr

10. Father's Birthplace, Mropa

Name of Medical Attendant, or other person who makes this Return, Meri Press

Address, S. Bond St. 838

Remarks, _____

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, and shall become the duty of the practitioner, in the manner and within the time specified in the regulations, to report the birth of such child to the office of the Commissioner of Health, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 December

4. Place of Birth, (Street and Number) Ann St. 604

5. Full Name of Mother, Annie Gelli

6. Mother's Maiden Name, Galli

7. Mother's Birthplace, Germany

8. Full Name of Father, John Gelli

9. Father's Occupation, Workman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Meri Press

Address, S. Bond St. 838

Remarks, _____

the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month, to the office of the Commissioner of Health.
shall occur upon the mother, immediately thereafter, in the manner and within the time provided, and no other person be in
child to report its birth to the Commissioner of Health, in the manner and within the time provided, and no other person be in
any such person or persons, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 December
4. Place of Birth, (Street and Number) Gembell St. 2120
5. Full Name of Mother, Meri Puka
6. Mother's Maiden Name, Trojasek
7. Mother's Birthplace, Wrope
8. Full Name of Father, John Puka
9. Father's Occupation Workman
10. Father's Birthplace, Wrope
Name of Medical Attendant, or other person who makes this Return, Meri Puka
Address, 7 Bond St. 838
Remarks,

1544080-348

RETURN OF A BIRTH. 61576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)-

White

3. *Date of Birth,*

12-6-1894

4. *Place of Birth, (Street and Number)*

444 Piney Place

5. Full Name of Mother.

Isabell u. H. Graf.

6. *Mother's Maiden Name,*

Reely

7. *Mother's Birthplace.*

Gifford, Howard - C. W. S.

8. *Full Name of Father,*

John L. Craft

9. *Father's Occupation*

Hester

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other person who makes this Return,

20. W. H. Prince

Address.

Com. Lawrence C. Atkinson Lt.

Remarks,

0 2 4 6 8 10 12 14 16

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

1894 December 6th

4. Place of Birth, (Street and Number)

921 W Lombard St

5. Full Name of Mother,

Jennie Walsh

6. Mother's Maiden Name,

Jennie Harrington

7. Mother's Birthplace,

Baltimore Ct Md

8. Full Name of Father,

William J. Walsh

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Susan Hunter

Address,

23 E. Fayette St

Remarks,

18940006350

RETURN OF A BIRTH.

61518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the said schedule, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the said schedule. In case the birth of any child shall occur within the jurisdiction of the Board of Health, and the practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner of midwifery, or should to other person be in attendance upon the mother, to report the birth of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the said schedule. Any practitioner of midwifery, or should to other person be in attendance upon the mother, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *December 5*
4. Place of Birth, (Street and Number) *Macoverly st 231*
5. Full Name of Mother, *Harriet collings*
6. Mother's Maiden Name, *Harriet Bivents*
7. Mother's Birthplace, *Eastern shore of Md. Worcester co.*
8. Full Name of Father, *William L. collings*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Eastern shore of Md.*
- Name of Medical Attendant, or other person who makes this Return, *Maria Wright*
- Address, *1018 wolf st*
- Remarks,

1 8 9 4 0 0 6 3 5 1

RETURN OF A BIRTH. 61579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 8th 1894
 4. Place of Birth, (Street and Number) 145 Barney St
 5. Full Name of Mother, Amelia Hettche
 6. Mother's Maiden Name, Amelia Sanders
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Gonzad Hettche
 9. Father's Occupation, Linier
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Catherine Horning
 Address, 1517 Byrd St
 Remarks, Wm. J. C. Dulany Co. City Printers and Stationers.

16940005352

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the practitioner of midwifery, or practitioner of medicine, or other person, be in attendance upon the mother, or the child, or both, at the time of its birth, and shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, within the space of ten days after the birth of the child, and every month to the office of the Registrar of Vital Statistics, Baltimore City, for the purpose of being entered in the records of the said office, and the Registrar of Vital Statistics, Baltimore City, shall be authorized to require the attendance upon the mother, or the child, or both, at the time of its birth, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 61530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, December 9th 1894

4. Place of Birth, (Street and Number) 717 N. Caroline St

5. Full Name of Mother, Barbara Grawley

6. Mother's Maiden Name, " N. Grawley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Grawley Jr.

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. Davis, M.D.

Address, 1507 Caroline St

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Full name: *Lois Catherine Turner*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

December 9th, 1894

4. Place of Birth, (Street and Number)

608 Pitches St.

5. Full Name of Mother,

Emma L. Lerner

6. Mother's Maiden Name,

Shivers

7. Mother's Birthplace,

Shirdeens, Harford Co. Md.

8. Full Name of Father,

John S. Lerner

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. S. Parkhurst

Address,

1415 Park Avenue

Remarks,

1894050554

and the
shall have
said schedule
shall be delivered.
shall occur
attest to the
child to report
to the fine of
ten dollars for
each offense, to
be recovered as
other fines and
forfeitures are
recoverable.

RETURN OF A BIRTH. 61522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th.

1. Sex, (state whether male or female) Female Charles Coulter Long - 3rd child

2. Race or Color, (if not of the white race) LEWIS R. LONG - 4th child

3. Date of Birth, Dec 9th 1894

4. Place of Birth, (Street and Number) 223 - W. 23rd St

5. Full Name of Mother, Laura Coulter Long

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lewis R. Long

9. Father's Occupation, Salesman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, John H. Grimes

Address, 2100 - Maryland Ave

Remarks, GIVEN NAME ADDED. 3rd Child - 8/7/53
4th Child - 6/6/46

18940006355

61523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 9 1894

4. Place of Birth, (Street and Number) Mellman ave 10

5. Full Name of Mother, Barbara Wilson

6. *Mother's Maiden Name,* Deer

7. Mother's Birthplace, Dorchester

8. Full Name of Father, *Frank W. Moore*

9. Father's Occupation Welder

10. Father's Birthplace, London, England

Name of Medical Attendant, or other person who makes this Return, Mary J. Jones

Address, of Washington, D.C.

Remarks.

1 6 9 4 0 0 0 6 3 5 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy*

1. Sex, (state whether male or female) — *3*

2. Race or Color, (if not of the white race) — *white*

3. Date of Birth, — *December 9 1894*

4. Place of Birth, (Street and Number) — *N Washington St No 923*

5. Full Name of Mother, — *Barbara Sadoma*

6. Mother's Maiden Name, — *Stepha*

7. Mother's Birthplace, — *Bohaiman*

8. Full Name of Father, — *Charles Sadoma*

9. Father's Occupation, — *Taylor*

10. Father's Birthplace, — *Bohaiman*

Name of Medical Attendant, or other person who makes this Return, — *Henry Kaptis*

Address, — *N Washington St. 205*

Remarks, —

18940006357

and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician, the father or mother, or any other person, shall be
liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician, the father or mother, or any other person, shall be
liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
child to report its birth to the Commissioner of Health, in the manner and within the time above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 10 1894

4. Place of Birth, (Street and Number) Broadford st 425

5. Full Name of Mother, Maude Curren

6. Mother's Maiden Name, Roebuck

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Charles Curren

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Shapiro

Address, 1600 Broadway Ave 27205

Remarks;

1 6 9 4 0 0 0 5 3 6 1

RETURN OF A BIRTH. 61529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- 1st

1. Sex, (state whether male or female)- Female

2. Race or Color, (if not of the white race)-

3. Date of Birth- December 11th 1904

4. Place of Birth, (Street and Number)- 19 429, George Street

5. Full Name of Mother, - Louisa Beck

6. Mother's Maiden Name, - Beaumont

7. Mother's Birthplace, - Baltimore

8. Full Name of Father, - George Beck

9. Father's Occupation, - Carpenter

10. Father's Birthplace, - Baltimore

Name of Medical Attendant, - Mrs L. Gross.

Address, - No 1907

or other person who makes this Return,

6 Monument St.

Remarks,

8940005362

RETURN OF A BIRTH, 61530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Jan 1 1891
4. Place of Birth, (Street and Number) 305 E. Pratt St
5. Full Name of Mother Fannie Allen
6. Mother's Maiden Name Fannie Whiting
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father William Allen
9. Father's Occupation carpenter
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Miss Monway
- Address _____
- Remarks _____

name of the mother of the child or children.

61531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 chili

Howd'ye

20.4.82

11 December

100 *Spizella* *A.*

with the Leaves

100

5-211-22

triline

10-12-24

or other person who makes this Return.

L. ... H. ...

1113 E. Pratt St.

502 J. G. DILLANY & CO. CITY PRINTERS AND STATIONERS.

0 4 4 0 0 2 3 6 4

RETURN OF A BIRTH. 61532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1st

4. Place of Birth, (Street and Number) Angels St. 2541

5. Full Name of Mother, Anna Antkowiak

6. Mother's Maiden Name, Karchinska

7. Mother's Birthplace, Poland

8. Full Name of Father, Stephen Antkowiak

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Marj W. W. W.

Address, 602 Bond St.

Remarks, _____

1 6 9 4 0 0 0 6 3 6 5

RETURN OF A BIRTH ⁶¹⁸²⁴

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Return at any time after the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *William Sinecrist's first child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *bright Malatto*

3. Date of Birth, *Manday 11th Decemfore*

4. Place of Birth, (Street and Number) *Baltimore Md*

5. Full Name of Mother, *William Sinecrist*

6. Mother's Maiden Name, *on Manid*

7. Mother's Birthplace, *Wagiz Tom Md*

8. Full Name of Father, *father on Hand*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. *David Hamand*

Address, *227 arch st*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 6 3 6 8

been conferred its sex, as the same can be ascertained, the full name of each child, if any shall, the said schedule shall be delivered, duly signed by the physician or practitioner of the midwifery, or other person who shall become the duty of the period above required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. December 12

4. Place of Birth, (Street and Number) # 1067 - Vine Street.

5. Full Name of Mother, Sarah Jane Long

6. Mother's Maiden Name, Sarah Jane Parett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Long

9. Father's Occupation Brick mason

10. Father's Birthplace, West River

Name of Medical Attendant, or other person who makes this Return, Caroline Queen

Address, # 1066 Bayburg Street.

Remarks, none

18940006369

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First -

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 12, 1894.

4. Place of Birth, (Street and Number)

1623 Riggs ave -

5. Full Name of Mother,

Mary M. Meiler

6. Mother's Maiden Name,

Mary M. Lehall

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Isaac F. Miller -

9. Father's Occupation

Laborer -

10. Father's Birthplace,

Johnsville, Md -

Name of Medical Attendant, or other person who makes this Return,

E. H. Holbrook, M.D.

Address,

714 N. Carey st -

Remarks,

8940006370

RETURN OF A BIRTH 61538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Wed. Dec. 12, 1894*

4. Place of Birth, (Street and Number) *1522 N. Mount St.*

5. Full Name of Mother, *Emma Jane West*

6. Mother's Maiden Name, *" " Tice*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *David West*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Levi Eastman
772 N. Lexington St.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. *Date of Birth,*

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes the Return.

Address,

Remarks

Each applicant may have one or more children, and the child or children shall not be more than 18 years of age at the time of the application. The full name and composition of the parents, the date and place of birth, and the said child or children, shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician, the physician shall be required to report the birth to the Commissioner of Health, and within the period above required, and, in case a person or persons attending the child, practitioner failed to do so, by the provisions of the section shall be subjected to the fine of ten (\$10) dollars for each offender, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

6 2007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the month in which the child is born, to the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of failure to do so, the mother or other person shall be liable to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 6 1894

4. Place of Birth, (Street and Number)

420 Madison Ave

5. Full Name of Mother,

Ellen M. Edwards

6. Mother's Maiden Name,

Paul

7. Mother's Birthplace,

St. Baltimore, Maryland

8. Full Name of Father,

George M. Edwards

9. Father's Occupation,

Salad

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address,

1014 E King 545 Hickory

Remarks,

City

6940006374

62008

1811

Wages

W. L. L.

Doc 6-94.

1930, Schellum Dr.

Amie Caroline Butler

Amie " Dawson

Brooklyn Anna A. Co

Harry Franklin Butler

Good Shepherd

Belle - Ind

Henry Boyd

677 Columbia Ave

1 8 9 4 0 0 0 6 3 7 5

[illegible]

RETURN OF A BIRTH. 62009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 9th - 48
4. Place of Birth, (Street and Number) 16-24 Clifton St
5. Full Name of Mother, Agnes Chambers
6. Mother's Maiden Name, L. V. Vrichton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank H. Chambers
9. Father's Occupation, Electric Motor man
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, W. B. Reilly, M.D.
- Address,
- Remarks,

8940006376

RETURN OF BIRTH. 62010
GIVEN NAME ADDED. 8-20-62
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Name: Mary Jane Best
Child of Mother: Jane Best

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Jane Beatter
No. of Child of Mother: (state whether 1st, 2nd, etc.)

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 7/94
4. Place of Birth, (Street and Number) 223 S. Duncan Alley
5. Full Name of Mother, Julia Beatley
6. Mother's Maiden Name, Schick
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Beatley
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
- Name of Mother Julia Beatley

Name of Medical Attendant, or other person who makes this Report

Address, _____

Remarks,

Mrs. Simenlofer
2225 Gough St

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. J. C. Dulany Co., City Printers and Stationers.

~~0 9 4 0 0 0 5 3 7 8~~

RETURN OF A BIRTH. 62012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 5 / 10³ 30. A. M. / 1894

4. Place of Birth, (Street and Number) 1524 Riverside Ave.

5. Full Name of Mother, Mary Mitchell

6. Mother's Maiden Name, Arnold

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, James Mitchell

9. Father's Occupation Laborer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kenny, from

Address, the Evening Repository, 614 S. Charles St.

Remarks,

18940006379

any child shall be delivered, duly signed by the physician or practitioner of midwifery, or person who shall become the duty of the period above mentioned, of such child, and who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 8 4 1894
4. Place of Birth, (Street and Number) 818 Woodward St
5. Full Name of Mother, Mary V Woods
6. Mother's Maiden Name, Mary P. Hayswood
7. Mother's Birthplace, Virginia
8. Full Name of Father, Chester C Woods
9. Father's Occupation, Habrizing
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Heister Coleman
- Address, Preston St 507
- Remarks,

RETURN OF A BIRTH *62014*
 Baltimore Board of Health, Baltimore City.

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isaac

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Baltimore Exhibition Co. City Printers and Stationers

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 9/94

4. Place of Birth, (Street and Number) 1833 E. Lombard St.

5. Full Name of Mother, Louisa Fuchs

6. Mother's Maiden Name, Margareth

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Fuchs

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Seimhofer

Address, 2225 Gough St.

Remarks, _____

8940006383

RETURN OF A BIRTH. 63017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 9th 94*
4. Place of Birth, (Street and Number) *306 Calver Street*
5. Full Name of Mother, *Ada Blackech*
6. Mother's Maiden Name, *Hammer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Blackech*
9. Father's Occupation, *Stone Cutter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *W B Roney M.D.*
- Address, _____
- Remarks, _____

8940006384

been conferred in sex, color, the full name and occupation of its parent, the date and place of birth, and the date and place of death. The child have occurred under his or her care during the life of the child, and the child have occurred under his or her care during the life of the child, and the child have occurred under his or her care during the life of the child.

GIVEN NAME ADDED 2-8-54

RETURN OF A BIRTH. 63018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Oakley Leigh Sanders
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 9th / 94.
 4. Place of Birth, (Street and Number) 1829 Oakley St.
 5. Full Name of Mother, Carrie Sanders
 6. Mother's Maiden Name, Carrie Townsend
 7. Mother's Birthplace, Balto.,
 8. Full Name of Father, Albert Leigh Sanders
 9. Father's Occupation, Pressman
 10. Father's Birthplace, Savage, Balto. Co.
 Name of Medical Attendant, or other person who makes this Return, Chas. Watterscheidt M.D.
 Address, S. W. Cor. Fulton & Lafayette Ave.
 Remarks,

8 9 2 0 0 0 3 3 8 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parents of such child to cause the birth to be reported to the Commissioner of Health, in the manner and within the period specified in this section, and any such person or persons failing to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *II*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 7/98*
4. Place of Birth, (Street and Number) *2110 Jefferson St.*
5. Full Name of Mother, *Irene Vollmer*
6. Mother's Maiden Name, *" Barhamm*
7. Mother's Birthplace, *North Carolina*
8. Full Name of Father, *Albert Vollmer*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Giesenhofer*
- Address, *2225 Gough St.*
- Remarks, _____

1-8940206387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 9 Dec 1894
4. Place of Birth, (Street and Number) 389 Preston St
5. Full Name of Mother, Sarah Camphor
6. Mother's Maiden Name, Sarah Todd
7. Mother's Birthplace, West River
8. Full Name of Father, Philth Camphor
9. Father's Occupation, Laborer
10. Father's Birthplace, West River
- Name of Medical Attendant, or other person who makes this Return. Geo W. Colance
- Address, 509 Preston St
- Remarks,

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

8 9 4 0 0 0 6 3 8 9

RETURN OF A BIRTH. 62025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th Dec
4. Place of Birth, (Street and Number) 714 Hazard Road
5. Full Name of Mother, Katie McDaniel
6. Mother's Maiden Name, Katie McDaniel
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward McDaniel
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. D. J. Smith
- Address, 1417 E. Eager St.
- Remarks, _____

18940004392

RETURN OF A BIRTH. 62026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Latino

3. Date of Birth, 10 Dec 1922 Mullikin

4. Place of Birth, (Street and Number) 1122 Madison
St. and Wells

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name, Balle

7. Mother's Birthplace, Walle
Adelbert Walle

8. Full Name of Father, Alfred Nathan

9. Father's Occupation.....*Yagor*
Belto

10. Father's Birthplace, Walla
 Medical Attendant, or other person who
made this Return.

Name of Medical Attendant, or other person who makes this Return.

Address,

Address, _____

Remarks, _____

Remarks.

~~1 8 9 4 0 0 0 5 3 9 3~~

GIVEN NAME ADDED 9-8-50

RETURN OF A BIRTH. 65027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Hazel C.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Dec. White

3. Date of Birth, Dec 10th, 94

4. Place of Birth, (Street and Number) 1022 Forrest Place

5. Full Name of Mother, Sadie Sachs

6. Mother's Maiden Name, Ladie Greenwood

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm. Sachs

9. Father's Occupation, Books Keeper

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this return. *H B Perry*

Address, _____

Remarks, _____

8 9 4 0 0 0 6 3 9 4

When conferred in sex, color, the full name and occupation of its parent, the date and place of birth, and the third day of its birth, shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a practitioner, the parent or person having charge of the child shall be liable to report its birth to the Commissioner of Health, in the manner and within the time specified, and shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 10 " 1894
4. Place of Birth, (Street and Number) 827 Columbia ave
5. Full Name of Mother, Fannie Gibbs
6. Mother's Maiden Name, " Sowers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm C Gibbs
9. Father's Occupation, Machinist
10. Father's Birthplace, Ohio
- Name of Medical Attendant, or other person who makes this Return, Geo R. Haham M.D.
- Address, 725 Columbia ave
- Remarks, _____

8940006395

and certificate of its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of the month of January, in each year, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or a physician shall be called in, the person or persons attending upon the mother, immediately hereafter, it shall become the duty of the person or persons attending upon the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to the extent of the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other cases and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 10th. 1894

4. Place of Birth, (Street and Number)

1801. Mt. Henry St.

5. Full Name of Mother,

Kunigunda Huoke.

6. Mother's Maiden Name,

" " Kathera.

7. Mother's Birthplace,

Boern

8. Full Name of Father,

William Huoke.

9. Father's Occupation,

Cabinet maker.

10. Father's Birthplace,

Prusen.

Name of Medical Attendant, or other person who makes this Return.

Miss Anna Lintner.

Address,

106. S. Abner St.

Remarks,

8940006396

63031

more City.

1 sh

True

W

Dec 11/94

Western Hospital, 11510 Lowland St.

Lena Krenz

..

German

Underline

•

Alfred J. German M.D.

113 W Lombard St

8 9 4 0 0 0 6 3 9 8

Persons who shall act forth as far as the same can be ascertained the full name of the child, when born, and the date and place of birth, shall have been conferred, it shall be delivered, and the same shall be entered in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or the person be in attendance, it shall become the duty of the person or persons be in attendance to immediately thereafter, to report the birth of the child to the Registrar of Vital Statistics, Board of Health, Baltimore City, and to cause the same to be entered in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars for each offence, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH. 65032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *11th December 1894*
4. Place of Birth, (Street and Number) *437 E. 1st Street*
5. Full Name of Mother, *Emma Gorne*
6. Mother's Maiden Name, *Emma Boone*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mark Gorne*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Galitzion*
- Name of Medical Attendant, or other person who makes this Return, *Miss R. Lierseman*
- Address, *1225 Hare Street*
- Remarks,

8940006399

12034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) 2019 Druid hill ave

5. Full Name of Mother, Corrie Randolph

6. *Mother's Maiden Name.* Gilberkman7. *Mother's Birthplace*, *Ch. J. Ca*

8. Full Name of Father, Wagner, Rudolf

9. Father's Occupation Self-employed

10. Father's Birthplace, Kuzia

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

[illegible]

894.000640

RETURN OF A BIRTH. 62035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (state whether male or female) Male
 - Race or Color, (if not of the white race) White
 - Date of Birth, Dec 12th 94
 - Place of Birth, (Street and Number) 1928 McElderry St.
 - Full Name of Mother, Emma Gitzel
 - Mother's Maiden Name, Phillips
 - Mother's Birthplace, Baden
 - Full Name of Father, Henry Gitzel
 - Father's Occupation, Musician
 - Father's Birthplace, Baste
 - Name of Medical Attendant, or other person who makes this Return, W. R. Perry M.D.
 - Address, _____
 - Remarks, _____

8940006402

RETURN OF A BIRTH. 62036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race).

3. Date of Birth, 12 Dec

4. Place of Birth, (Street and Number) 1016 Hilling Rd

5. Full Name of Mother, Kate Schlarb

6. Mother's Maiden Name, Lach

7. Mother's Birthplace,.....Bg Lk

8. Full Name of Father, Joseph H. Schloer

9. Father's Occupation.....Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

8940006403

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4 1/2

4 板

Females

2. Race or Color, (if not of the white race)

12th Dec 1894

422 E Hamburg St

Louise Floyd

Howard

Hensley City New Jersey

Charles Lloyd

Labenen

Baltimore

Elizabeth Jewell

Remarks.

~~8940005404~~

T & C Co., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, in case the birth may be in the city, or to the office of the Commissioner of Health, in case the birth may be in the county, and shall occur without the attendance of a physician or practitioner of medicine, and shall be reported to the office of the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 12/1904

4. Place of Birth, (Street and Number) 1925 E. Lombard St.

5. Full Name of Mother, Ellen Lorenz

6. Mother's Maiden Name, Rudolph

7. Mother's Birthplace, Germany

8. Full Name of Father, Ronald Lorenz

9. Father's Occupation, Backer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seinenhofer

Address, 2225 Gough St.

Remarks, _____

18940304405

RETURN OF A BIRTH. 62039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Dec 12 1894*

4. Place of Birth, (Street and Number) *923 N. Caroline St*

5. Full Name of Mother, *Amie K. Kappes*

6. Mother's Maiden Name, *Amie K. Webber*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Paul F. Kappes*

9. Father's Occupation, *Electrician*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Hennellys Hyland M.D.*
(or other person who makes this return.)

Address, *841 N. Washington St.*

Remarks, _____

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the presence of a witness, to the Commissioner of Health, the late and place of birth; and the third day of each and every month to the office of the Commissioner of Health, to be filed as a certificate between the first and second day of each and every month. If the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any person be in the home of a mother, named after it, it shall become the duty of the person or persons so named to appear before the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered on other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of the month and year in which it was born. The practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, without the attendance of a physician or practitioner, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

63040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 12/94

4. Place of Birth, (Street and Number) 12 S. Collington Ave.

5. Full Name of Mother, Lina Seeger

6. Mother's Maiden Name, Graf

7. Mother's Birthplace, Washington. D. C.

8. Full Name of Father, Joseph Seeger

9. Father's Occupation, Painter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Neimhofer

Address, 2225 Gough St.

Remarks, _____

8440006407

mon, and shall not fail to report its birth as far as the same can be ascertained the full name of each child, (if any, shall have been ascertained) its sex, color, the full name and occupation of its parents, the date and place where the first and second child was born, and the date and place where the second child was born. In case the birth of any child shall occur within the month of the year, the practitioner or physician or practitioner of midwifery, or should no other person be in attendance, shall immediately thereafter it shall become the duty of the practitioner or physician or practitioner of midwifery, or should no other person be in attendance, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 13th 1894

4. Place of Birth, (Street and Number) 1800 Dover St.

5. Full Name of Mother, Mrs. Lula Stauffer

6. Mother's Maiden Name, Windle

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry Stauffer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. H. Carter M.D.

Address, 1800 W. Balto St.

Remarks, _____

18940005409

RETURN OF A BIRTH. 62043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female). Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Dec 13, 1894

4. Place of Birth, (Street and Number) 727 Lyzane St.

5. Full Name of Mother, Louisa Kutsenmann.

6. Mother's Maiden Name, Louisa Sherzona.

7. Mother's Birthplace, Balt.

8. Full Name of Father, *Henry Hulsemann.*

9. Father's Occupation Carpenter

10. Father's Birthplace, Calif

Name of Medical Attendant, or other person who makes this Return, Mary S. Grayne.

Address, *f24 Canton St.*

Remarks, _____

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full certificate shall be delivered by the practitioner in the form of a certificate between the first and second week and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without such certificate, the Commissioner of Health may, at his discretion, require the attendance upon the mother, immediately thereafter, if it shall become the duty of the period above mentioned to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

3 9 4 0 0 0 5 4 1 0

02044

more City.



Female

Dec 13 - 1874

112 - S. Exeter St.

Anna Langdon

Cincinnati

Callisnope

Highland Langan

Bob.

person who *Barry et al.*

DATE RETURNED: 11/11/1964

8940005411

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the birth of any person be in attendance upon the birth of a child, the practitioner of midwifery, or the person attending the birth, shall be liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BIRTH NAME ADDED 7-30-59
RETURN OF A BIRTH 62045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theodore Colton ~~Wifer~~ Second.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 13 1894.
4. Place of Birth, (Street and Number) No. 1243 E. Lanvale st.
5. Full Name of Mother, Bertha Wifer
6. Mother's Maiden Name, Bertha Colton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence A. Wifer
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Aug. A. Clewett M.D.
1241 Hayford ave

RETURN OF A BIRTH⁶²⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.). 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

13th Dec 1894

4. *Place of Birth, (Street and Number)*

129 E Austen St

5. *Full Name of Mother.*

Emma Byrd

6. *Mother's Maiden Name.*

Muellem

7. *Mother's Birthplace.*

Portsmouth N.H.

8. *Full Name of Father.*

Danny Bynd

9. *Father's Occupation.*

Carpenter

10. *Father's Birthplace.*

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Jewell

Address. . .

496 E Fort Ave

Remarks.

A CO., CITY PRINTERS AND STATIONERS.

2d class
male
Dec. 13, 1894Application for a Transcript of a Record of
BUREAU OF VITAL STATISTICS

Baltimore,

I respectfully ask for a Transcript from the Records of the Registrar of Vital
Health City of Baltimore, relating to the Birth of

Name Thos E. Kelly Col. Maiden Name Mother Mary -
Date of Birth 1894 10 18 96 Mother's Birth Place Father's
Name of Parents John - Mary Father's Occupation Stone Cutter
For what purpose desired Legal Physician or Midwife
No. Street where born Baltimore

Name and Residence of

Applicant

Will Call{ Mrs. S. Lovell
2711 Bernard St

1 8 9 4 0 0 6 4 1 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st d.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, Dec. 12 (8, 30. A. M.).

4. Place of Birth, (Street and Number) 1277 E. North Ave.

5. Full Name of Mother, Mary Lee Kelly.

6. Mother's Maiden Name, Lee.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Kelly.

9. Father's Occupation, Housekeeper.

10. Father's Birthplace, 2 England.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hanna from

Address, The Evening Dispensary 906 Milford Place

Remarks, (614. P. Broadstreet)

Every person who is required to file this return shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be signed by the physician, or of a practitioner of midwifery, or by the father or mother, immediately there after, it shall then become the duty of the parent or parents to cause the same to be filed in the office of the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁶²⁰⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 13th Dec 1894

4. Place of Birth, (Street and Number) 410 E Fort Ave

5. Full Name of Mother, Elizabeth Ireland

6. Mother's Maiden Name, Schumann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Ireland

9. Father's Occupation, Saboner

10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Jewell

Address, 436 E Fort Ave

Remarks,

8 9 4 0 0 0 8 4 1 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 - 13 / 1924

4. Place of Birth, (Street and Number) 2611 Franklin Ave. S. E. Meda

5. Full Name of Mother, Jane C. Snyder

6. Mother's Maiden Name, Leavell Co.

7. Mother's Birthplace, G. S. Madan

8. Full Name of Father, Carpen

9. Father's Occupation, Balto Co

10. Father's Birthplace, *L. F. Frey m. d.*
 Medical Attendant, or other person who makes this return.

Name of Medical Attendant: *2414 David Helle*

Address, _____
 Name _____

8 9 4 0 0 0 6 4 1 7

been conferred the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon such physician or practitioner, it shall become the duty of the person or persons of such child to report its birth to the office of the Commissioner of Health, on or before the third day of each and every month, and any such person or persons who shall hereafter fail to comply with the provisions of the period above required, and who shall be found guilty of such offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 14 1894

4. Place of Birth, (Street and Number) 1121 Granby St.

5. Full Name of Mother, Kate Betz

6. Mother's Maiden Name, Paul

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Betz

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

any person who shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or other person authorized by the Commissioner of Health, the
attendant or person who shall hereafter it shall become the duty of the person or persons of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 14th 1894
4. Place of Birth, (Street and Number) 14 Elliot St
5. Full Name of Mother, Margaret Benson
6. Mother's Maiden Name, Margaret Ashwood
7. Mother's Birthplace, Mathews County
8. Full Name of Father, Harry Benson
9. Father's Occupation, Refiner
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary S. Swaine
- Address, 824 Canton St
- Remarks, _____

have been conferred its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its registration. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the mother to report the birth to the Registrar of Vital Statistics, and within the period above required, and to the date of its registration, to comply with the provisions of this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

62053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 14/94

4. Place of Birth, (Street and Number) 1707 E. Lombard St.

5. Full Name of Mother, Amie Schmittberg

6. Mother's Maiden Name, Buser

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustav Schmittberg

9. Father's Occupation, German

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Lisenhofers

Address, 2225 Gough St.

Remarks, _____

62056

[illegible]

2nd

Malw

White

Oct 15-94

1504 Lafayette Ave

Mary Griffin

Mary Graham

Baptismal Certificate

Edward Griffin

Wagon Driver

Baltimore City

or other person who makes this Return.

or other person who makes this Return.

Medical Attendant, or other person who makes this Return. *E. K. Wiley, MD*
734 N. Leavenworth St. City

8 9 4 0 0 0 6 4 2 4

CERTIFICATE CORRECTED 9-11-52

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 3

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

The full name of each child, as at birth, and the full date of birth are to be entered in the same column as the same can be ascertained. The full name and occupation of the father or mother, as at the time of the birth, shall also be entered in the same column. The full name and occupation of the physician or practitioner in attendance upon the birth, and the place of birth, shall be entered in the same column. The full name and occupation of the person who delivered the child, shall be entered in the same column. The full name and occupation of the person who attended the child, shall be entered in the same column. The full name and occupation of the person who attended the child, shall be entered in the same column.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate bearing the first and third day of each and every month, and the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the name and within the time and within the time and within the time of this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 15/98

4. Place of Birth, (Street and Number) 1822 P. Roger St.

5. Full Name of Mother, Theresia Riegger

6. Mother's Maiden Name, Waites

7. Mother's Birthplace, Germany

8. Full Name of Father, John Riegger

9. Father's Occupation, Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Lirenhofer

Address, 2225 South St.

Remarks,

65060

[illegible]

1

Bay

White

Dec. 16/94

737 S. Guerne Str

Annie Lauer

" Rahm

Balt.

John Sauer

Laberer

Germany

Mrs. Seidenhofer

2225 York St.

1 8 9 4 0 0 0 6 4 2 8

RETURN OF A BIRTH. 62062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17th Dec.

4. Place of Birth, (Street and Number) 917 E. Eager St.

5. Full Name of Mother, Ida Carmichael

6. Mother's Maiden Name, Ida Johnson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Winton Carmichael

9. Father's Occupation, Salmoner

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. J. Smith Midwife

Address, 1417 E. Eager St.

Remarks, _____

1 8 9 4 0 0 0 5 4 3 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall occur without the payment of any fee. It shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been ascertained its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

62064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

370 Forest st 17 Dec

4. Place of Birth, (Street and Number)

370 Forest st Mary Livingston

5. Full Name of Mother,

" Bollman

6. Mother's Maiden Name,

Balto

7. Mother's Birthplace,

Henry Livingston

8. Full Name of Father,

Frankster

9. Father's Occupation,

Balto

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Mrs R. Ulbig

Address,

1302 E. Lexington st

Remarks,

18940006432

RETURN OF A BIRTH. 62065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race).

3. Date of Birth, 17 Dec

4. Place of Birth, (Street and Number) 833 Forrest St

5. Full Name of Mother Jasah Catter

6. *Mother's Maiden Name,* Harley

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr. C. J. Miller

9. Father's Occupation Digger or miner

10. Father's Birthplace, Quana

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 6 4 3 3

any error in sex, color, the full name and occupation of its parents, the date and place of birth, and the date of registration, shall be corrected by the practitioner in the form of a certificate between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother or other person be in charge upon the mother, immediately thereafter, it shall become the duty of the person in charge of the child to cause the birth to be registered in the manner and within the period above required, and any such person or persons who shall fail to do so in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 17/94
4. Place of Birth, (Street and Number) Maternity Hospital 115 W Lombard St
5. Full Name of Mother, Mrs Richardson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Alfred I. Gunning M.D.
- Address, 115 W Lombard St.
- Remarks, 8940006434

RETURN OF A BIRTH. 62067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, ----- (1 November)

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*,—

8. Full Name of Father,

8. *Father's Occupation*—

9. Father's Birthplace,

10. Father's Birthplace

25. Medical Att

Name of Medical Attendant, or other person who makes this Return.

Name of Member _____
Address, 1427 E. Grand St.

Address, *217 1/2 O*

Remarks, *8940006435*

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 18/94
4. Place of Birth, (Street and Number) Maternity Hospital 115 W. Lombard St.
5. Full Name of Mother, Annie Richardson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Alfred T. Gunguis M.D.
- Address, 115 W. Lombard St.
- Remarks, 1 8 9 4 0 0 0 6 4 3 7

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number) *Am...*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father

8. Full Name of Father

9. Father's Occupation

9. *Father's Occupation,*
10. *Father's Birthplace,*

10. *Father's Birthplace*, _____, or other person who makes this Return,
Name of Medical Attendant, _____

Address,

Remarks.

8 9 4 0 0 0 6 4 3 8

[illegible]

and certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each month to the office of the Commissioner of Health. In case the birth of any child should occur on the last day of the month, the certificate shall be delivered on the first day of the following month. No other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report the birth to the Commissioner of Health, in the manner and within the period above required, and no that hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Other White

3. Date of Birth, Dec 20/41

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St

5. Full Name of Mother, Lizzie Birman

6. Mother's Maiden Name, "

7. Mother's Birthplace, Mainland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred J. Lunday M.D.

Address, 115 W Lombard St

Remarks, 18940006439

RETURN OF A BIRTH. 62072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1 male, 1 female

1. Sex, (state whether male or female) 7 cm. 11
White

2. Race or Color, (if not of the white race) White
Dec 20

3. Date of Birth, *11/10/1907*

4. Place of Birth. (Street and Number) *National Highway*
Blue Ch. Burns

5. Full Name of Mother, 1924

6. Mother's Maiden Name, W. L. L.

7 Mother's Birthplace, *Mayland*
Utah

8. Full Name of Father, Unknown

9. *Father's Occupation.*

10. Father's Birthplace, Albany

10. Father's Name _____
Name of Medical Attendant, or other person who makes this Return. _____
115 W. Lombard St.

Address,

Remarks, + 8 9 4 0 0 0 6 4 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been examined) its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery. The physician or other person who shall deliver the child shall sign the certificate and shall deliver it to the office of the Commissioner of Health, or to the office of the Registrar of Vital Statistics, within three days of each and every month to the office of the Commissioner of Health, or to the office of the Registrar of Vital Statistics, shall occur without the attendance of a physician or other person who shall deliver the child. It shall become the duty of the person or persons of such attendance upon the birth of a child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 N. Bywater St 20 Dec

4. Place of Birth, (Street and Number) 12 N. Bywater St

5. Full Name of Mother, Nellie Barber

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Mrs Ross Ulling

Address, 1302 E. Lexington St

Remarks, 18940006441

RETURN OF A BIRTH. 62075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *December 20 1894*
 4. Place of Birth, (Street and Number) *1250 Washington Ave*
 5. Full Name of Mother, *Annie McDonald*
 6. Mother's Maiden Name, *Anna Lehmann*
 7. Mother's Birthplace, *Westphalia Germany*
 8. Full Name of Father, *Andrew McDonald*
 9. Father's Occupation, *Iron Moulder*
 10. Father's Birthplace, *Baltimore, Md*
 Name of Medical Attendant, or other person who make this Return, *Dr. A. M. Bischoff*
 Address, *No 780 Cross St*
 Remarks, *18940006443*

RETURN OF A BIRTH. 62077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 6 4 4 5

said schedule shall be delivered, the full name and occupation of its parents, the date and place of birth; and the child shall be vaccinated by the practitioner in the form of a certificate of vaccination, and shall be brought to the attendance upon the attendance of a physician or practitioner of health. In case the mother or father of a child to be born shall neglect to comply with the provisions of this section, or any person or persons who shall be guilty of such neglect, it shall become the duty of the physician or practitioner of health to report its birth to the Commissioner of Health. In the manner and within the period of time required and provided for in this section, the mother or father of a child to be born shall be required to pay to the Commissioner of Health the sum of ten (10) dollars for each offence, to be recovered, in whole or in part, by the Commissioner of Health, and the sum of five (5) dollars for each offence, to be recovered, in whole or in part, by the Commissioner of Health, and the sum of five (5) dollars for each offence, to be recovered, in whole or in part, by the Commissioner of Health.

month, and shall set forth as far as the same can be ascertained, the full name of each child in any case where the child has been conferred its sex, color, the full name of its parents, the date and place of birth: and the said schedule shall be filed in the office of the Commissioner of Health. In case the child is born in the city of Baltimore, and the mother is a resident of the city, the physician or practitioner of medicine who attended the birth of the child shall report to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white race

3. Date of Birth, 11 December

4. Place of Birth, (Street and Number) 127 S. Spring

5. Full Name of Mother, Marie Hansen

6. Mother's Maiden Name, Emerson

7. Mother's Birthplace, Denmark

8. Full Name of Father, Charles Hansen

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Denmark

Name of Medical Attendant, Dr. J. H. Anderson or other person who makes this Return.

Address, 1112 L. Pratt

Remarks, 8940006446

month, and shall set forth as far as the same can be ascertained the full name of each child of any still-born child, and the sex, color, the date and place of birth, and the date and place of death, if the child has died, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the name of the person or persons of such attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kind
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 21 December
4. Place of Birth, (Street and Number) 1103 E. Pratt St
5. Full Name of Mother, File
6. Mother's Maiden Name, Colman
7. Mother's Birthplace, England
8. Full Name of Father, Thomas Colman
9. Father's Occupation, Electrician
10. Father's Birthplace, England
- Name of Medical Attendant, or other person who makes this Return, James B. Handley
- Address, 1103 E. Pratt St
- Remarks, 1103 E. Pratt St

1 8 9 4 0 0 0 6 4 4 7

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. *Date of Birth*, 21 2

4. *Place of Birth, (Street and Number)*..... 1571

5. Full Name of Mother, Mary White

6. Mother's Maiden Name, Mary O'Ferr.

7. *Mother's Birthplace,*

8. Full Name of Father, Edward J.

9. Father's Occupation..... *Printer*

10. *Father's Birthplace,* *Nation*

Name of Medical Attendant, or other person who made this statement *John J. [Signature]*

Address, A. W. E. Tower St.

Remarks,

8 9 4 0 0 0 6 4 4 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery, shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if it shall be found that the provisions of this section shall be violated to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2d Dec
4. Place of Birth, (Street and Number) 715 Forrest St
5. Full Name of Mother, Laura A. Placid
6. Mother's Maiden Name, Laura A. Harbois
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Harry H. Placid
9. Father's Occupation, Attorney
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. D. G. G. Midwife
- Address, No 1417 Eager St.
- Remarks, _____

1 8 9 4 0 0 0 6 4 4 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1 sk.

Females

Dec. 21st 1894.

305 Bellwoods Ave. Woodberry
Emma C. Miller

Emma C. Miller

Emma C. Turner

Balt. Co. Md

Harry A. Miller

Labourer.

York Co. Pa.

Geo. T. Shower, M.D.

H 21 Roland Ave. (Confidential)

1 8 9 4 0 0 0 6 4 5 0.

1 8 9 4 0 0 0 6 4 5 0.

Wm J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the said practitioner and the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any person neglecting to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

62083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Celia Golda Puritz*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Female* *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22nd Dec, 1894*
4. Place of Birth, (Street and Number) *1922 E. Fayette St*
5. Full Name of Mother, *Mrs. Annie Puritz*
6. Mother's Maiden Name, *Miss Annie Kress*
7. Mother's Birthplace, *Austria*
8. Full Name of Father, *Mr. Herman Puritz*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Austria*
- Name of Medical Attendant, or other person who makes this Return, *Harry Elias*
- Address, *1625 Hopkins St.*
- Remarks, *1631*

8940006451

RETURN OF A BIRTH. 62084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22/dec
4. Place of Birth, (Street and Number) 1113 1/2 Cross St
5. Full Name of Mother, Maggie Emma Osterloh
6. Mother's Maiden Name, Gebhard
7. Mother's Birthplace, Brite, Mo. D.
8. Full Name of Father, Theodore Osterloh
9. Father's Occupation, Biggar Maker
10. Father's Birthplace, Brite, Mo. D.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Bisschop
- Address, No 780 Cross St.
- Remarks,

8 9 4 0 0 0 6 4 5 2

RETURN OF A BIRTH. 62085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 22/94

4. Place of Birth, (Street and Number) Maternity Hospital 115 W Lombard St

5. Full Name of Mother, Mina Mitchell

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred S. Sundry M.D.

Address, 115 W Lombard St

Remarks, 8940006453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, December 23 1898

4. Place of Birth, (Street and Number) Pierces St

5. Full Name of Mother, Barbara Grant

6. Mother's Maiden Name, *Barbara Green*

7. Mother's Birthplace, 3 1/2 Carlton St

8. Full Name of Father, not known

9. Father's Occupation, 16 _____

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, no 212 Rock St

Remarks, *I had no regular physician*

RETURN OF A BIRTH. 62087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex. (state whether male or female) Male

2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____ Dec. 23rd 1894
1907 Dulask

4. Place of Birth. (Street and Number) 1907 Pulaski Street
Winnipeg, Manitoba, Canada

4. Place of Birth, (Street and No.) _____
 5. Full Name of Mother, Mary Virginia Barnes

6. Mother's Maiden Name, Place

6. Mother's Maiden Name, Wickburg Md.
7. Mother's Birthplace, Wickburg Md.

7. Mother's Birthplace, Georgia
8. Full Name of Father, George Barnes

8. Full Name of Father, *John J. Plasterer*
9. Father's Occupation, *Plasterer*

9. Father's Occupation, _____
10. Father's Birthplace, _____

10. Father's Birthplace, *Washington*
Name of Medical Attendant, *Dr. E. Miller* or other person who makes this Return, *Mo.*

Name of Medical Attendant, _____ or diner _____ makes this Return, _____
Address, 2239 Pennsylvania Ave., _____

Address, 2257 Broadway
Remarks, 894000645

8 9 4 0 0 0 6 4 5 5

RETURN OF A BIRTH. 63088 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Dec 24/91

4. Place of Birth. (Street and Number) Maternity Hospital 115 W Lombard St

5. Full Name of Mother, Samina Monland

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, (or other person who makes this Return, Alfred J. Sundry M.D.
115 W Lombard St.

Address, "

Remarks, 8940006456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13*

1. Sex, (State whether male or female). *Female*

2. Race or color, (if not of the white race). *White*

3. Date of Birth, *December 24-1894*

4. Place of Birth, (Street and Number) *633 N. Conway St*

5. Full Name of Mother, *Mary Schuttz*

6. Mother's Maiden Name, *Mary Reed*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Edward Schuttz*

9. Father's Occupation, *Police Officer*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return. *L. K. Wiley*

Address, *724 N. Conway St*

Remarks, *8940006457*

RETURN OF A BIRTH. 62090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 4 5 8

[illegible]

RETURN OF A BIRTH. 63091

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) Ninth child
 te whether male or female) Female
 Color, (if not of the white race) White
 Birth, December 25
 f Birth, (Street and Number) Baltimore - Gehman st. 36
 me of Mother, Sarah C. Marney
 s Maiden Name, Sarah C. Skipper
 s Birthplace, Baltimore
 ame of Father, William C. Marney
 s Occupation, Laborer
 s Birthplace, Baltimore
 f Medical Attendant, or other person who makes this Return. Mrs. Ruth Lathrop
 s, No. 1814 - Diner st
 s,

1 8 9 4 0 0 0 6 4 5 9

RETURN OF A BIRTH. 62092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

9th Child

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th December

4. Place of Birth, (Street and Number) 1822, Wilhelm Street

5. Full Name of Mother, Mrs. Barbara P. Ross

6. Mother's Maiden Name, Miss Barbara Pistel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Mr. J. J. Ross

9. Father's Occupation, Grocer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, Miss Anna Lindner

Address, 106 S. Monroe St.

Baltimore Md

Remarks, 18940005460

Keep confidential its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its death. It shall be delivered daily to the Office of the Registrar of Vital Statistics, Baltimore City, and every person who shall neglect to report its birth to the Registrar of Vital Statistics, Baltimore City, shall be liable to a fine of not less than five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female), + male

2. Race or Color, (if not of the white race), White

3. *Date of Birth.*

4. Place of Birth, (Street and Number) Naturelle Road, No. 11, 11th St., New York, N.Y.

5. Full Name of Mother, Anna Miller

6. Mother's Maiden Name, Anna Miller

7. Mother's Birthplace, New York

8. Full Name of Father, Unknown

9. *Father's Occupation*,

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Alfred I. Smiley
115 W. Lombard St.

Address, 115 Madison Ave

Remarks, 8 9 4 0 0 0 6 4 6 2

Wm J C. Dulaney Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 26/94

4. Place of Birth. (Street and Number) Maternity Hospital, 115th St. London, N.Y.

5. Full Name of Mother, *Mrs Lottie Montgomery*

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, *Unknown*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Alfred J. Sunday M.D.

Address, 115-16 Lombard St.

Remarks, 8 9 4 0 0 0 6 4 6 3

Each conferee shall be notified by the Commissioner in the form of a certificate between the first and second entries of the delivery made to the office of the Commissioner of Licenti. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report the birth to the Commissioner of Licenti, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

When a child is born, the father and mother, or the mother alone, shall be subject to the duty of reporting the birth of such child to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed by the laws of this State. If any person fails to comply with the provisions of this law, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th Dec

4. Place of Birth, (Street and Number) 1219 Rose St.

5. Full Name of Mother, Laverina Egelowsky

6. Mother's Maiden Name, Hartsmarky

7. Mother's Birthplace, Perusia

8. Full Name of Father, Julian Egelowsky

9. Father's Occupation, Laborer

10. Father's Birthplace, Perusia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2122 Eastern Ave.

Remarks, 8940006464

RETURN OF A BIRTH. 62097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number) -

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation,

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 62099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 6 4 6 7

Wm J C. Dolany Co., City Printers and Stationers.

62100

[illegible]

32

Wale

White

Dec. 27 ¹⁹⁴⁴

No. 236 N. Fremont Ave

Lottie Weiglein

11 *Holders*

Baltimore

Alfred J. Greiglein

Cigar maker

Baltimore

Mrs Kate. Seiglein

805 Vine St.

8 9 4 0 0 0 6 4 6 8

RETURN OF

TO THE CHIEF OF POLICE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father.

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, N. 780 Cross St.

Remarks, 8 9 4 0 0 0 6 4 6 9

[illegible]

RETURN OF A BIRTH 62103
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 29 - 94
4. Place of Birth, (Street and Number) 838 South Euclid St
5. Full Name of Mother, Mrs Mary Isabella Wilson
6. Mother's Maiden Name, Mary Isabella Crew
7. Mother's Birthplace, Beatto
8. Full Name of Father, William Henry Wilson
9. Father's Occupation, Driver
10. Father's Birthplace, Portsmouth Va
- Name of Medical Attendant, or other person who makes this Return, Mr Sarah Brown
- Address, # 827 China St
- Remarks,

8 9 4 0 0 0 6 4 7

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth December 31st
4. Place of Birth (Street and Number) 121 West Mulberry St Baltimore
5. Full Name of Mother Sophia Young
6. Mother's Maiden Name Sophia Forrester
7. Mother's Birthplace Baltimore, MD.
8. Full Name of Father William Young
9. Father's Occupation waiter
10. Father's Birthplace Greensand County, MD
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sophia John Sam
- Address 2101le Street Shelter
- Remarks

1 8 9 4 0 0 6 4 7 2

RETURN OF A BIRTH. 62105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alethea E. Stroup First
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... Female

1. Sex: (state whether male or female)..

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

5. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant,

Address.

Remarks,

8 9 4 0 0 0 6 4 7 3

RETURN OF A BIRTH. 62107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOTE: Any person who, after the date and place of birth of a child, has been conferred full citizenship, and who, in case of the other person, he is and adhered to, and every month to the physician or practitioner of medicine, shall occur without the attendance of the physician or practitioner of medicine, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 28th December 1894
 4. Place of Birth, (Street and Number) 1237 Bayard St
 5. Full Name of Mother, Louisa Davis
 6. Mother's Maiden Name, Baltimore City Md
 7. Mother's Birthplace, William Edward Smith
 8. Full Name of Father, wood engraver
 9. Father's Occupation, Baltimore City Md
 10. Father's Birthplace, Dusan Waters
 Name of Medical Attendant, or other person who makes this Return, 1218 Bayard St
 Address, 1218 Bayard St
 Remarks, 8940006475

62108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

15th

- Make

THE J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 62109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *male - Ludvig P. Brodie*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 5, 1894*

4. Place of Birth, (Street and Number) *116 Albemarle Str*

5. Full Name of Mother, *Springe Brodye*

6. Mother's Maiden Name, *Europe*

7. Mother's Birthplace, *Abraham Brodye*

8. Full Name of Father, *Tailor*

9. Father's Occupation, *Europe*

10. Father's Birthplace, *Mrs C. Binsstein*

Name of Medical Attendant, or other person who makes this Return, *122 S. Exeter Str*

Address, *Full name of child added from an application for a*

Remarks, *9 40 00 6 47 7*

Transcript Filed by Reg. No. 55-100-100-9/100

RETURN OF A BIRTH. 62110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 10. 1894

4. Place of Birth, (Street and Number) 14021 W. Baltimore st

5. Full Name of Mother, Rachel Rothstein

6. Mother's Maiden Name, Hendelson

7. Mother's Birthplace, Europe

8. Full Name of Father, Louis Rothstein

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter St

Remarks, 6940005478

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, within the day of its birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons of such child to report its birth, immediately to the office of the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH. 62114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—2nd
1. Sex, (state whether male or female)—Female
2. Race or Color, (if not of the white race)—White
3. Date of Birth, December 17th, 1894
4. Place of Birth, (Street and Number)—1933 Eastern Ave
5. Full Name of Mother, Mary Stagenwald
6. Mother's Maiden Name, Mary Armand
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Stagenwald
9. Father's Occupation, Ice Driver
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this return, Mary Engelhardt
Address, 1712 Eastern Ave Baltimore Md
Remarks, 1894005482

RETURN OF A BIRTH. 62115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, December 18 1894
 4. Place of Birth, (Street and Number) 6015 Druidhill Ave.
 5. Full Name of Mother, Yetta Goodman
 6. Mother's Maiden Name, Europe
 7. Mother's Birthplace, Simon Goodman
 8. Full Name of Father, Shae maker
 9. Father's Occupation, Europe
 10. Father's Birthplace, Mrs C. Bernstein
 Name of Medical Attendant, or other person who makes this Return, 122 S. Exeter Str
 Address, 122 S. Exeter Str
 Remarks, 18940005483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 4 8 5

month, and shall set forth as far as the same can be ascertained, the full name of the child, the date and place of birth; and the usual name, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its registration; and shall also set forth the name of the practitioner between the first and third year of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the attendance of a physician or practitioner of medicine, the name of such practitioner shall appear upon the mother's immediately subsequent certificate of birth. In the manner and within the period above required, and in full compliance with the provisions of this section, every mother who has a child to report to birth to the State shall file her certificate hereafter fail to comply with the provisions of this section, shall be and is deemed to have committed a criminal offense, to be recovered as other fines and forfeitures are recoverable. Any such certificate shall be null and void, and shall be of no effect, and the fine of ten dollars shall be levied against the mother.

RETURN OF A BIRTH. 62118 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5^d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 22. 1894.*

4. Place of Birth, (Street and Number) *118 S. Exeter St.*

5. Full Name of Mother, *Lina Cohn*

6. Mother's Maiden Name, *Europe*

7. Mother's Birthplace, *Hases Cohn*

8. Full Name of Father, *Taylor*

9. Father's Occupation, *Europe*

10. Father's Birthplace, *Mrs. C. Bernstein*

Name of Medical Attendant, or other person who makes this Return, *122 S. Exeter St.*

Address, *122 S. Exeter St.*

Remarks, *1894 U O O 3 4 8 6*

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the mother, the place of birth, and the date of birth, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health. In case the birth of any child shall occur within any month, and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the practitioner to report the birth of such child to the Commissioner of Health, in the manner and within the period and under the penalty provided in this section shall be subject to the fine of ten (10) dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 23, 1894*

4. Place of Birth, (Street and Number) *1043. Hillen Str*

5. Full Name of Mother, *Rechel Hax*

6. Mother's Maiden Name, *Crook*

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Simon Hax*

9. Father's Occupation, *merchant*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, *Mrs C. Bernstein*

Address, *122 S. Euter St*

Remarks, *18940006487*

This certificate shall contain a full and true statement of the full name of each child, if any shall have been conferred, its sex, color, its date and place of birth, and the date and place of its death, if it shall have died, and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and to the effect hereinafter provided, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 27 1899

4. Place of Birth, (Street and Number) 519 S. Pauline Str

5. Full Name of Mother, Rosa Thodenberger

6. Mother's Maiden Name, George

7. Mother's Birthplace, Isaac Thodenberger

8. Full Name of Father, Cigar maker

9. Father's Occupation, George

10. Father's Birthplace, Mrs. Lucille Bernstein

Name of Medical Attendant, or other person who makes this Return, 122 S. Euter Str.

Address,

Remarks, 18940003488

This schedule shall contain a list of the names of all children born in the city of Baltimore, and shall be returned to the office of the Registrar of Vital Statistics, Board of Health, on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Registrar of Vital Statistics, Board of Health, by a person other than the mother, the Registrar shall require the person so reporting to produce a certificate from the mother, or from the father, or from the physician, or from the midwife, or from the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

63121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 29. 1894.

4. Place of Birth, (Street and Number) 1201 Gough Str

5. Full Name of Mother, Julie Bolger

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Joseph Bolger

9. Father's Occupation, Lebender

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Euter Str

Remarks, _____

1 8 9 4 0 0 0 6 4 8 9

RETURN OF A BIRTH. 62/22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Dale of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This certificate shall be filled out by the mother or other person who has charge of the child, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth of the child. If the child is born at home, the mother or other person who has charge of the child shall file this certificate with the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth of the child. If the child is born in a hospital, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be furnished with a copy of this certificate by the hospital. If the child is born in a hospital and the mother or other person who has charge of the child fails to file this certificate with the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth of the child, the mother or other person who has charge of the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 62/23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *XIV*

1. Sex, (State whether male or female) *Male*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *Dec 7-94*

4. Place of Birth, (Street and Number) *166 N. Saratoga St. Balt. Md.*

5. Full Name of Mother, *Georgiana D. Armiger*

6. Mother's Maiden Name, *Duckett*

7. Mother's Birthplace, *Co. George's Co. Md.*

8. Full Name of Father, *Thos. A. Armiger*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *A. A. Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *Wm. L. Smith M.D.*

Address, *101 N. Fulton Ave*

Remarks, *Sent cert. dated Dec 10-94*

BALTIMORE

894000549

month, and shall set forth as far as the same can be ascertained the full name and occupation of the father, the full name and occupation of the mother, the full name and occupation of the child, the sex and color of the child, the date of birth, the place of birth, the name of the physician or midwife attending the birth, the name of the medical attendant, the name of the person who makes the return, and the name of the person who receives the return. In case the birth of a child occurs without the attendance of a physician or midwife, or should no other person be in attendance, the mother, immediately thereafter, shall become the declarant, and shall be in duty bound to report the birth of the child to the Office of Health, in the manner and within the period and under the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1898 (H. Broadway) (2)

4. Place of Birth, (Street and Number) Dec 8th 9th (1)

5. Full Name of Mother, Harriet Huchings

6. Mother's Maiden Name, Anne

7. Mother's Birthplace, Balt.

8. Full Name of Father, Samuel Huchings

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. Seldner M.D.

Address, 1501 S. Bayview St

Remarks, 8940005492

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62125

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

10 Dec 1894

4. Place of Birth (Street and Number)

504 Norwood St

5. Full Name of Mother

Mary E. Jones

6. Mother's Maiden Name

W. Retten

7. Mother's Birthplace

Virginia

8. Full Name of Father

Phil Williams

9. Father's Occupation

carriage maker

10. Father's Birthplace

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return.

Mary E. Jones

Address

1121 Broadway St

Remarks

1 8 9 4 0 0 0 6 4 9 3

month, and shall set forth as far as possible the full name of each child, (if any shall have been conferred as far as possible the full name and occupation of its parents, the date and place of its birth, and the name of the practitioner in the room of whom it was born, and in case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person in attendance to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 65124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 11th 1894

4. Place of Birth, (Street and Number) 1514 N. Caroline St.

5. Full Name of Mother, Mrs. M. Shulder

6. Mother's Maiden Name, Raussey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Shulder

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. H. Gibbs M.D.

Address, 130 N. Bay St.

Remarks, 6940006494

RETURN OF A BIRTH. 62127

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex. (state whether male or female)-

2. Race or Color, (if not of the white race).

3. Date of Birth, 11/24/1924 Brun

4. Place of Birth, (Street and Number). 1120 N. 1st St. St. Louis, Mo.

5. Full Name of Mother, Priscilla P. James

6. Mother's Maiden Name, Halpin, Ind.

7. Mother's Birthplace, London, England

8. Full Name of Father, Dr. H. S. ...

9. Father's Occupation Frederick City

10. Father's Birthplace, _____
 _____, or other person who makes this Return, _____

Name of Medical Attendant, makes this return
1618 Vincent

Address, 1610 S. ...

Remarks, 8940006495

inmate, and the date and place of birth; race, sex, height, weight, eyes, hair, complexion, scars, color, the full name and occupation of its parent, the date and place between the first and second arrests, and the date and place of the third arrest. In case the birth of an inmate is in the third year of the century, the Commissioner of the Department of Corrections shall be notified, and the inmate shall be subject to a physical examination by the State Prison Commission. If it be ascertained that the inmate is a child to be removed to the State Prison, the inmate shall be removed to the State Prison, and the inmate shall be subject to a physical examination by the State Prison Commission. If it be ascertained that the inmate is a child to be removed to the State Prison, the inmate shall be removed to the State Prison, and the inmate shall be subject to a physical examination by the State Prison Commission. If it be ascertained that the inmate is a child to be removed to the State Prison, the inmate shall be removed to the State Prison, and the inmate shall be subject to a physical examination by the State Prison Commission.

RETURN OF A BIRTH. 62129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth, December 17 1894
 4. Place of Birth, (Street and Number) 1519 Pennsylvania Avenue
 5. Full Name of Mother, Katie Dorkin
 6. Mother's Maiden Name, Katie Schneider
 7. Mother's Birthplace, Polio
 8. Full Name of Father, August Dorkin
 9. Father's Occupation, Musician
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. H. Mosengele
 Address, 643 W. Heister St.
 Remarks, 8940006497

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the sex, color, and race of each, and every month to the office of the Commissioner of Health, in the form of a certificate, the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the birth of a child, there shall be no record of the birth of such child, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62/30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 10th 9th
4. Place of Birth, (Street and Number) 1602 W. Washington St
5. Full Name of Mother, Margaret R. Bisher
6. Mother's Maiden Name, J. Schanfle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herbert Schuch
9. Father's Occupation, Carriage maker
10. Father's Birthplace, Herrmann
Name of Medical Attendant, or other person who makes this Return, J. W. Caldwell M.D.
Address, 1501 N. Bay St
Remarks, 6940006498

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)-

3. *Date of Birth*, _____ (at _____ and Number) _____

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*,---

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*
Medical Att

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 8-26-52

RETURN OF A BIRTH. 62133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Ruth Klippel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh 8th*

1. Sex, (state whether male or female)... ~~(Male)~~ Female
2. Race or Color, (if not of the white race)... White
3. Date of Birth, December 21st, 1891
4. Place of Birth, (Street and Number)... 743 Linden Avenue
5. Full Name of Mother, Barbara Kliffel
6. Mother's Maiden Name, Barbara (Gang) Grob
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustave Kliffel
9. Father's Occupation, Live Market
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs A Mesenzelt
Address, 543 Mc Northern St
Remarks,

Remarks.

094000650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number) 1922, Lemon St., Balt. Md.

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*...

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

DR. J. WM. FUNCK,
101 N FULTON AVENUE
BALTIMORE.

101 N. Fulton Ave

BALTIMORE

[illegible]

1 8 9 4 0 0 6 5 0 2

RETURN OF A BIRTH. 62135-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)-

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

02136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4

Mail

Calder

December 25-

Charles Hart 1904

John Crotan

Ida Gunnarson

Prayer Book

Premp Broxton

Friendship

Balli more

Sarah Jones

S24 Madison park ave

8 9 4 0 0 0 6 5 0 4

[illegible]

That any physician, or other person who makes this Return, shall report to the Registrar aforesaid, within six months after the birth of any child, within the City of Baltimore, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62137

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth June 20, 1885
4. Place of Birth (Street and Number) 928 Vincent St
5. Full Name of Mother Annie Thomas
6. Mother's Maiden Name James Matthews
7. Mother's Birthplace London, England
8. Full Name of Father Edward Matthews
9. Father's Occupation Doctor
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Mary G Jones
- Address 1121 Saratoga St
- Remarks

894000505

Health. This certificate shall be filled out by the physician, midwife, or other person who makes this return, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within three days of the birth of the child. In case the birth of any child is reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by any other person, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall require the person so reporting to produce a certificate from the physician, midwife, or other person who makes this return, and if he fails to do so, he shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 26 December 1899
4. Place of Birth, (Street and Number) 1612 Vincent - Alley
5. Full Name of Mother, Elizabeth Thomas
6. Mother's Maiden Name, Elizabeth Dorsey
7. Mother's Birthplace, St. Marys County, Md
8. Full Name of Father, John A. Thomas
9. Father's Occupation, Driver Coal Wagon
10. Father's Birthplace, Charles County, Md
- Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Bolline
- Address, 1610 Vincent - alley
- Remarks,

8940006506

been conferred its sex, color, the full name and occupation of the mother, the date of birth, the day or night, the place of birth, the name of the practitioner in the form of a certificate between the first and third day of each month to the office of the Registrar of Vital Statistics, or the birth of any child shall occur without the signature of a physician or practitioner of medicine, or of a duly qualified midwife, or should the birth of the person or her person be in any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 62139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, December 26th, 1917

4. Place of Birth, (Street and Number) 617 - 7th St

5. Full Name of Mother, Annie Johnson

6. Mother's Maiden Name, Annie Smithers

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Daniel Johnson

9. Father's Occupation, Restaurant

10. Father's Birthplace, Phila. -

Name of Medical Attendant, or other person who makes this Return, Mary Latchett

Address, # 607 Campbell St

Remarks,

8740006507

RETURN OF A BIRTH. 65140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex. (state whether male or female).....

2. Race or Color, (if not of the white race).

3. *Date of Birth,*4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

6 9 4 0 0 0 5 5 0 8

Wm. J. C. Dulany Co., City Printers and Stationers

62141

BALTIMORE CITY.

Eight

James
B. Smith

Polaroid

28 DEC 94

786 Vincent alley

Lucius Gray

Brace

Wm. L. R. R.

Annie Dean

Have Have

Rivas William Co. Va

Mary E. Ames

1121 Sakatoga St

8 9 4 0 0 0 6 5 0 9

RETURN OF A BIRTH. 65142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 5 5 1 0

[illegible]

62144

[illegible]

7-16-

Female

while

Dec 29 in 1894.

609 74 Looking over the

number) 11
Mrs Nellie Marten

Kellie Makore

Baltimore Md

Baltimore, Md.
 Albert P. Martin

As Manager Ford's Agency

Demmy & Co. Erie, Pa.

Penry, L. M.
 Mrs. Ann Taylor

Mrs Anna Taylor

41 Gillard Al Bally

1 8 9 4 0 0 0 6 5 1 2

RETURN OF A BIRTH. 63145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)-

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 5 1 3

[illegible]

RETURN OF A BIRTH. 62146

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

list of

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*—

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, _____ or other person making this Return, _____

Address,

Remarks,

~~6 9 4 0 0 0 6 5 1 4~~

Wm. J. C. Dulany Co., City Printers and Stationers.

62147

7

Fourth
male

Small
1st 2nd 3rd

31 Dec 94

31 Dec 94
820 Pierce St
Pitts

878 Mary Braddon
Washington

Chicago 1900

George
Fireman

Person who
May 22, 1964

Person who
Return... 112 (Sura laty)

400065-15

400005515

That any physician, acting as registrar aforesaid, will not certify at the birth of any child, within the City of Baltimore, that it is or their physical condition, using distinctly the date of birth, sex, and color of the child or children born, its or their residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 62148
Statistics Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
 _____ male or female) _____

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. Date of Birth, _____ (Street and Number).

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

or other person who makes this Return.

8 7 4 0 0 0 6 5 1 6

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health. Baltimore. City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 male or female, Male

1. Sex, (state whether male or female).....
 2. Race, (state whether of the white race).....

2. Race or Color, (if not of the white race) 5 Dec 1894

2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____
_____ (Street and Number) _____

4. Place of Birth, (Street and Number) 2912
Belia Herman
3 Thal

5. Full Name of Mother, Leven Thal

6. Mother's Maiden Name, Russia

7. Mother's Birthplace, Tridip, Noreen

8. Full Name of Father, John Joseph

9. Father's Occupation, Business

10. Father's Birthplace, _____ or other person who
attendant, _____ makes this Return, _____

Name of Medical Attendant, or other person making this Return, *W. L. H. ...*

Address, 894-0006517

Remarks, _____

Win J C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. 62150
SIVEN NAME ADDED. 4-21-60
Statistics Board of Health, Baltimore City.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. Date of Birth,
-
- Street and Number)

5. Full Name of Mother, _____

6. Mother's Maiden Name,

7. *Mother's Birthplace.*

8. Full Name of Father,

9. Father's Occupation.

10. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____ *or other person who makes this Return.*

Address.

Remarks,

8 9 4 0 0 0 6 5 1 8

RETURN OF A BIRTH. 62157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

Wm. ; C. Dulany Co., City Printers and Stationers

[illegible]

RETURN OF A BIRTH.

RECEIVED
GIVEN NAME ADDED 10-11-56
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Catherine Kelly

Name: Georgeanna Catherine Kelly

Name: George Washington
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 7
Sex: Male

1. Sex, (state whether male or female) *white*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *December 26th 1894.*
 4. Place of Birth, (Street and Number) *2136 Pine*
 5. Full Name of Mother, *Mary Louisa Kelley*
 6. Mother's Maiden Name, *Mary Louisa 6 hairson*
 7. Mother's Birthplace, *Baltimore, Md.*
 8. Full Name of Father, *George J. Kelley*
 9. Father's Occupation, *Conductor*
 10. Father's Birthplace, *Baltimore, Md.*
 Name of Medical Attendant, *or other person who makes this Return, Mrs. Mary J. Gidd*
 Address, *This is to certify to the fact of my birth*
 Remarks, *8940005520*

Name of Medical Attendant, or other person who makes this Return.

Address, Chig. N. Co. Calif.

Remarks, 8 9 4 0 0 0 5 2 0

RETURN OF A BIRTH. 6186
 of Health Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7 mo.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)...

2. Race or Color. (if not of the white race)-

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*—

8. Full Name of Father.

3. *Father's Occupation*—

10. *Father's Birthplace,*

Name of Medical Attendant, _____ or other person making this Return.

Address.

Remarks

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. 61864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 26 1894

4. Place of Birth, (Street and Number) No. 1629 Durham St.

5. Full Name of Mother, Mary H. Campbell

6. Mother's Maiden Name, Mary H. Lifer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles H. Campbell

9. Father's Occupation, Carpenter

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Aug. B. Clavell M.D.

Address, 1841 Harford Ave.

Remarks, 8440004523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth, Dec 26 1894

4. Place of Birth, (Street and Number) 1731 G. 12th St.

5. Full Name of Mother, Agnes S. Fair

6. Mother's Maiden Name, Agnes E. Freeburger

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Samuel C. Fair

9. Father's Occupation, Labourer

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other person who makes this Return.

Address, 841. N. Washington St

Remarks, 8 9 4 0 0 0 3 5 2 4

month, and shall set forth as far as the same can be ascertained the full name and occupation of any child, and the date and place of birth; and the same shall be delivered to the office of the Commissioner of Health. In case the name of any other person be in said schedule shall be delivered to the office of the Commissioner of Health. In the event that the duty of the person or persons of such attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required and in accordance with the provisions of this act, shall heretofore fail to comply with the provisions of this act, such fines and forfeitures are recoverable, to be paid to the State of New York, by the person or persons who shall heretofore fail to comply with the provisions of this act, in the sum of ten (\$10) dollars for each offence, to be recovered on any fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and as far as the same can be ascertained, the full name, sex, race, date and place of birth, the name and occupation of its parents, the date and place of its birth, and the date and place of its registration. In case the birth of any child shall occur within the jurisdiction of the Registrar, the Registrar shall be notified of the birth of such child by the attendance of a physician or practitioner of midwifery, or by the attendance of a nurse, or by the attendance of any such person or persons who shall hereafter fall to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth..... December the 26 1894

4. Place of Birth, (Street and Number)..... North St at 13 24

5. Full Name of Mother..... Margaret Kelly

6. Mother's Maiden Name..... Margaret Moran

7. Mother's Birthplace..... Ireland

8. Full Name of Father..... John Kelly

9. Father's Occupation..... Laborer

10. Father's Birthplace..... Ireland

Name of Medical Attendant, or other person who makes this Return..... Mr. J. Kelly

Address..... 1019-22 William St

Remarks..... 894000525

and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, and occupation of its parents, and a certificate between the first and third day of every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, or practitioner of midwifery, of the person or parents of such child to report for the purpose of complying with the provisions of this act, and within the period above fixed, any said person or persons who shall hereafter, in compliance with the provisions of this act, be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61867 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 26 1894

4. Place of Birth, (Street and Number) 1217 N. Lombard St.

5. Full Name of Mother, William H. Schettler

6. Mother's Maiden Name, Schettler

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schettler

9. Father's Occupation, Carman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Schettler

Address, 1417 N. Lombard St.

Remarks, 18940003526

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the person to whom the certificate between the first and said schedule shall be delivered, and the date and place of birth. In case the birth of any child shall occur on any day or at any place, the person or persons of the physician or practitioner of midwifery, or the person or persons of such attendance upon the mother, immediately thereafter to report to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 26 1894

4. Place of Birth, (Street and Number) West Flury st 109

5. Full Name of Mother, ida Bailey

6. Mother's Maiden Name, ida girland

7. Mother's Birthplace, germany

8. Full Name of Father, Louis girland

9. Father's Occupation, labour

10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return, saml Sam Wilson

Address, No 124 West Flury st

Remarks, full 9 months

8940006527

RETURN OF A BIRTH. 61869 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Dec 27th 1904

3. Date of Birth, Dec 27th 1904

4. Place of Birth, (Street and Number) St. Louis, Mo.

5. Full Name of Mother, Pohl

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Germany

8. Full Name of Father, Pathe

9. Father's Occupation, Germany

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Jones

Address, 1907 E. Monument St.

Remarks, 18940005528

RETURN OF A BIRTH. 61870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th Child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, 27th December 1894.
 4. Place of Birth, (Street and Number) Garrett St. No. 1432.
 5. Full Name of Mother, Marion Hagermann
 6. Mother's Maiden Name, Fischer.
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Heinrich Hagermann
 9. Father's Occupation, Steward
 10. Father's Birthplace, Germany
 Name of Medical Attendant, Lewis Schaeffle or other person who makes this Return.
 Address, E. Fort St. No. 1708.
 Remarks, _____

18940006529

tion, if the child is still alive, the name of the occupation of its parents, the date and place of birth, and the sex, color, and race of the child, and the name of the practitioner in the form of a certificate, and the birth of any child born to the mother within the year, and every month to the office of the Registrar of Vital Statistics, and should no other person be in attendance upon the mother, the Registrar of Vital Statistics, or the Commissioner of Health, in the manner and within the time specified in this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

64871

Name: Mable Irene Tolson

John B. Smith

4-2-1962

21. 10. 1901

e) Dec 27 1894

10/24 Batanisco

June 6 1952
Hudson

Be 11a

William L. Tabor

John L. ...

Balls

Balls
Mrs. E. A. B. Smith

[Handwritten signature]

1828 *L. g. l.*

~~8940006530~~

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Ellen Clark of the
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 21, 1877

4. Place of Birth, (Street and Number) 12328

5. Full Name of Mother, Victoria Cath

6. Mother's Maiden Name, Knell

7. Mother's Birthplace, B. also Aug
B. 17th of Aug

8. Full Name of Father, Richard L. Peterson

9. Father's Occupation.....Farmer
B. B. D. City

10. Father's Birthplace, _____
_____ or other person who

Name of Medical Attendant, *Charles J. [Signature]*

* Address, 1225 S. ...

Remarks. 1 8 9 4 0 0 0 6 5 3

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conceived) his sex, color, the full name of its parents, the date and place of birth, and the date when the child shall be one year of age. The full name of the practitioner in the form of a certificate between of any child shall be set forth, and shall be signed by the practitioner in the office of the Commissioner, or should no other person be in attendance upon the attendance of a practitioner, it shall become the duty of the person or persons in attendance upon the birth of a child, to sign the same, and to forward the same to the office of the Commissioner of Health, in the manner and in the form and with the provisions of this section shall be authorized by any person or persons who shall hereafter fall in line with the provisions of this section shall be authorized to the due of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred since the first of January, 1894, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. It shall be the duty of the Registrar to see that the schedule is filled out in full, and that the information is correct. In case the birth of any child is not reported to the Registrar, the Registrar shall, upon the application of the mother, immediately thereupon, in the manner and within the period above required, and any such failure to report shall be deemed an offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Third Child
1. Sex. (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth. December 27th 1894
4. Place of Birth. (Street and Number) 208 S. Poppleton St. Baltimore
5. Full Name of Mother. Mary Theresa Manning
6. Mother's Maiden Name. Mary Theresa Saffron
7. Mother's Birthplace. Baltimore
8. Full Name of Father. John B. Manning
9. Father's Occupation. Carpenter
10. Father's Birthplace. Baltimore
Name of Medical Attendant, or other person who makes this Return. Wm. Coates Co. M.D.
Address. 2109 S. Poppleton St.
Remarks. 8940004532

Health. This section shall contain a list of the names of the persons who have been conferred) lig sex, color, the full name and occupation of the person in the form of a certificate between the first and third of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or persons attend upon the mother, immediately after the birth of the child, the person or persons who shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

27th day of December

4. Place of Birth, (Street and Number)

6th East Beverly St

5. Full Name of Mother,

Mrs. Minnie R. Poppler

6. Mother's Maiden Name,

Minnie R. Klug

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George R. Poppler

9. Father's Occupation,

Conductor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Batharine Kumpf

Address,

800 Seaboard Street

Remarks,

674000533

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

22

200

1. Sex, (state whether male or female)

27th Dec 1894

546 E. Fort Ave

Basa Jewell

Jewell
 Skillman

Baltimore

Carroll K Jewell

Labanès

Ballinane

Elizabeth Jewell

or other Person who
makes this Return

Remarks,

8 9 4 0 0 0 6 5 3 4

[illegible]

[illegible]

RETURN OF A BIRTH. 61876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, State of
Norwood B. Falconer
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th (39)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 27 - 1894
4. Place of Birth, (Street and Number) 232 W. Lafayette Ave
5. Full Name of Mother, Ellie M. Faller
6. Mother's Maiden Name, Ellie M. Marshall
7. Mother's Birthplace, Baltimore City, Maryland
8. Full Name of Father, Charles E. Faller
9. Father's Occupation, Bookbinder
10. Father's Birthplace, Washington City, D.C.

Name of Medical Attendant, or other Person who makes this return. E. G. WILSON, JR.

Name of Medical Attendant, or other Person who makes this return. _____
Address, 1429 McClellan St. Philadelphia, Pa.

Remarks, 1 8 9 4 0 0 0 5 5 3 5

RETURN OF A BIRTH 61877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Female

1. Sex, (state whether male or female)

Black.

2. Race or Color, (if not of the white race)

December 27. 1894.

3. Date of Birth,

4. Place of Birth, (Street and Number)

231 N. Vincent Alley.

5. Full Name of Mother,

Maggie Heale

6. Mother's Maiden Name,

Maggie Heale

7. Mother's Birthplace,

A.A. Ct Ind.

8. Full Name of Father,

Geo. Curtiss

9. Father's Occupation,

Labour

10. Father's Birthplace,

Harrisburg. Pa.

Name of Medical Attendant, or other person who makes this Return.

G. W. Slater M.D.

Address,

Remarks,

89400

1624 N. Fayette St.

Health. This schedule shall contain a list of the births which have occurred during the month, and shall be filled out by the Registrar of Health, or by a physician or midwife, or by a person who has been authorized by the Board of Health. It shall be filled out as far as the name can be ascertained, and as far as the sex, color, the date and place of birth, the first and second names of the child, the name of the mother, the name of the father, the name of the medical attendant, the date of birth, the place of birth, the name of the physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of the child, and shall be filed in the office of the Registrar of Health, in the manner and within the time prescribed by the Board of Health. Any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ¹⁸⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks.

8 4 4 0 0 0 3 5 3 7

any of the birth which have occurred under his or her care during the pregnancy and shall set forth as far as the same can be ascertained the full name of each child if any, the date of birth, the date of delivery, the sex, color, the full name and occupation of the parents, the date and place of each and every month to the Office of the Commissioner of the Department of Health, and the date of the birth of any child shall occur within the attendance of a health officer, and the duty of the physician or parents of such child to be in attendance upon the mother, during the attendance of a health officer, and the physician or parents of such child to report its birth to the health officer, all in compliance with the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offense to be recovered as otherwise and forfeitures are so provided.

RETURN OF A BIRTH. 6/1880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *21st*
- Sex, (state whether male or female) *Female*
 - Race or Color, (if not of the white race) *White*
 - Date of Birth, *27th December 1894*
 - Place of Birth, (Street and Number) *2537 Oliver St*
 - Full Name of Mother, *Sary Unger*
 - Mother's Maiden Name, *Grobie*
 - Mother's Birthplace, *State Soure Russia*
 - Full Name of Father, *Cimon Unger*
 - Father's Occupation, *Shoe Maker*
 - Father's Birthplace, *Russia State Soure*
- Name of Medical Attendant, or other person who makes this Return, *Hindin*
- Address, *143 n. Front St*
- Remarks, *894000539*

month, and shall set forth as far as the name can be ascertained, the full name of the child, the date and place of birth, and the sex, color, the full name and address of the practitioner in the form of a certificate between the birth of any child and the third day of its life, and shall be delivered to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period and under the penalty hereinafter provided, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Dec

3. Date of Birth. 27 Dec

4. Place of Birth, (Street and Number) 1103 Mc Elhany st

5. Full Name of Mother. Ethel Siegel

6. Mother's Maiden Name. " Shickner

7. Mother's Birthplace. Russia

8. Full Name of Father. Louis Siegel

9. Father's Occupation. Shoe Maker

10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this return. Mrs Rose Albry

Address. 1302 E Lexington st

Remarks, 18940004541

RETURN OF A BIRTH. 61883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 27th 1894

4. Place of Birth, (Street and Number) 933 Elm Place

5. Full Name of Mother, Jane C. Conaway

6. Mother's Maiden Name, Janet Nelson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Williams H. Conaway

9. Father's Occupation, Driver

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Coloma

Address, 507 Fulton Street

Remarks,

18940006542

month, and shall be delivered, duly signed by the practitioner in the for the birth of any child, in case the birth of any child shall occur without the attendance upon the mother, or shall become the duty of the person or persons, in the manner herein provided, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3 Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Name of Medical Attendant, _____ makes this return.
Address, _____ 1903 Gough St

Remarks,

8 9 4 0 0 0 6 5 4 3

month, and shall act forth as far as the naming occupation of the parents, the date and place of birth, and the child's sex, color, and hair, and the date of the child's admission to the institution. In case the birth of any child is conferred, each and every month to be officed by a practitioner in midwifery, or abortion, or parents of such child shall occur without the attendance immediately thereafter it, shall become that and within the period above required, and attendance on the birth to the Commissioner of Health, and the parents of such child shall be recoverable, and each person or persons who shall be guilty of non-compliance with the provisions of this section are recoverable, and shall be fined not less than five dollars, nor more than ten dollars for each offence, to be recovered as other fines and penalties are recovered to the fine of ten dollars for each offence.

RETURN OF A BIRTH. 61883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant. *A. H. H.* or other person who makes this Return.

Name of
Address,

Remarks,

8 9 4 0 0 0 6 5 4 4

[illegible]

64 886

[illegible]

[Handwritten signature]

L. C. Smith

27 Feb

25 Dec

13 W. Lexington

Lower Pool

11 lessons

Bella

Widerstand Pohl

Deer

Alto

Mrs. C. E. Brock,

858 215 82

1. *Boeing Model*

1 8 9 4 0 0 0 ; 5 4 5

RETURN OF A BIRTH. 61887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. I. C.

3. Date of Birth, Dec 8 1911

4. Place of Birth, (Street and Number) ... 712 J. ...

5. Full Name of Mother, Norma Jean Law

6. Mother's Maiden Name, *Charlotte*

7. Mother's Birthplace, Barro

8. Full Name of Father, John J. O'Connell

9. Father's Occupation, Salmon Cannery

10. Father's Birthplace, Calte

10. *Father's Birthplace* _____
Name of Medical Attendant, _____ or other person who makes this Return, _____
Signature _____
Date _____

Name of Medical Institution _____
Address, _____

Address, _____
Remarks, _____ + 8 9 4 0 0 0 6 5 4 6

Wm J C. Dulany Co., City Printers and Stationers.

61 888

[illegible]

^{2nd} Time (2nd) Time.

- Name of Medical Attendant, or other person who makes this Return, Mrs. Hannah M. [illegible]

Remarks,

8 9 4 0 0 0 6 5 4 7

61889

[illegible]

14

Jernall

White

28th December 94

50. Bryans Lane

Therese Metzger

Theresio D'Amico

Bello

John Webster

...Lützner

Germany

Friederike Hauke, Minnwife

2116 W. Pratt St.

1 8 9 4 0 0 0 6 5 4 8

over
RTH 61890

Name of child: Constantine O. Neil
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

- Male

- 3.
- Date of Birth.*

28th Dec 1894

1428. Cornington St

- Gertrude (Neal) O'Neil

- Roswell

- Palto

- Constantine (Wheat) G'Neil

- W.S. Gray

- Belfast Ireland

or other Person who
makes this Return

Elizabeth Jewell

436 E Fort Ave

Remarks.

8 9 4 0 0 0 6 5 4 9

RETURN OF A BIRTH. 61891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28 - 94

4. Place of Birth, (Street and Number) 841 Myrtle St

5. Full Name of Mother, Mrs Mary French Thelen

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md

8. Full Name of Father, Andrew Thelen

9. Father's Occupation, R R

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this return, B B French

Address, Union Cy

Remarks, 894000 550

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, the date and place of birth; and the date of its birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third occurrences of the birth of any child, and shall be retained by the practitioner until the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or otherwise the birth of any child shall occur without the attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and such failure to do so shall be deemed an offence, and the person or persons so offending shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, December 28, 1894.
 4. Place of Birth, (Street and Number) 408 S. High St.
 5. Full Name of Mother, Annie L. Lowrey.
 6. Mother's Maiden Name, McCauley.
 7. Mother's Birthplace, Md.
 8. Full Name of Father, Charles J. Lowrey.
 9. Father's Occupation, Truckster.
 10. Father's Birthplace, Md.
- Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.
- Address, 291 Chestnut St.
- Remarks, _____

18940006551

RETURN OF A BIRTH. 61893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*—

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1331 Hall St. L. I.

Remarks,

8 9 4 0 0 0 3 5 5 2

[illegible]

RETURN OF A BIRTH ⁶¹⁸⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 28 1894*

4. Place of Birth, (Street and Number) *1624 N Register St*

5. Full Name of Mother, *Mary Reimer*

6. Mother's Maiden Name, *Donk*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Reimer*

9. Father's Occupation, *Coffinmaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return. *Sam J Burk MD*

Address, *314 N Epton St*

Remarks, *314 N Epton St*

18940005553

RETURN OF A BIRTH. 61895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 15 December
4. Place of Birth, (Street and Number) 1451 Light St.
5. Full Name of Mother, Margaretta Zippoldmann
6. Mother's Maiden Name, " " Kallfleisch
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Zippoldmann
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany
Name of Medical Attendant, Mathewine Munch
Address, 800 Leadenhall Street
Remarks, 8940005554

RETURN OF A BIRTH. 61896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)-

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 5 5 5

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible]

RETURN OF A BIRTH. 61897

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*—

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, ~~6940006556~~

Wm. J. C. Dufany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 28, 1894*

4. Place of Birth, (Street and Number) *In Vincenzo Infant Asylum*

5. Full Name of Mother, *Maggie Harris*

6. Mother's Maiden Name, *Mc*

7. Mother's Birthplace, *Not known*

8. Full Name of Father, *Wm*

9. Father's Occupation, *4*

10. Father's Birthplace, *W. Va.*

Name of Medical Attendant, or other person who makes this Return, *Dr. L. B. Babin, M.D.*

Address, *601 Leroy St.*

Remarks, *8940006557*

RETURN OF A BIRTH. 61899 GIVEN NAME ADDED. 6-28-63 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elmer E. Cook

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28 1899

4. Place of Birth, (Street and Number) 1521 Charles St

5. Full Name of Mother, Sarah E. Cook

6. Mother's Maiden Name, " " Boardman

7. Mother's Birthplace, B. Sta.

8. Full Name of Father, Charles Cook

9. Father's Occupation, Baller

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Mrs. E. C. Boardman

Address, 828 Light St

Remarks, Maria Hill

18940005558

any such person or persons shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the time prescribed by the provisions of the Act, and shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur upon the mother, immediately after the birth of the child, in the manner and within the time prescribed by the provisions of the Act, and shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month, to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner of medicine, in the manner and within the time prescribed by the provisions of the Act, and shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

in which the full name and occupation of the mother, the full name and occupation of the father, the date and place of birth, and the sex, color, race, and date of birth of the child, shall be recorded, and the full name and occupation of the mother, the full name and occupation of the father, the date and place of birth, and the sex, color, race, and date of birth of the child, shall be recorded, and the full name and occupation of the mother, the full name and occupation of the father, the date and place of birth, and the sex, color, race, and date of birth of the child, shall be recorded.

RETURN OF A BIRTH. 61900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2-2-1900

4. Place of Birth, (Street and Number) 1019 Ransdell St

5. Full Name of Mother, Annie M. Murphy

6. Mother's Maiden Name, Butler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William B. Butler

9. Father's Occupation, Dist. Clerk B. & O. R.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Butler

Address, 1528 Ransdell St

Remarks, Living Well

18940006559

RETURN OF A BIRTH. 61901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 29, 1894

4. Place of Birth, (Street and Number) 917 State St

5. Full Name of Mother, Mary E. Sanderson

6. Mother's Maiden Name, M. E. Connersmatt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John C. Sanderson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, (or other person who makes this Return) Dr. J. P. Cunningham

Address, 424 Broadway St

Remarks, 1 8 9 4 0 0 0 6 5 6 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) *See 39'*
2. Race or Color, (if not of the white race)
3. Date of Birth, *643 Mulberry St*
4. Place of Birth, (Street and Number) *William Winchester*
5. Full Name of Mother, *" Seafar*
6. Mother's Maiden Name, *Blt. City*
7. Mother's Birthplace, *Victor H. Winchester*
8. Full Name of Father, *Barth Kasper*
9. Father's Occupation, *Balt. City*
10. Father's Birthplace, *John B. Huck*
- Name of Medical Attendant, *or other person who makes this Return.*
- Address, *647 Lafayette Ave.*
- Remarks, *8940003561*

1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
Hale

W. L. R.

December 29th 1894. 1: 8. A. M. -

229. Caroline & R. Walla

and Number) 227
Maria Harrah

Maria Repet

me, - Maria -
Baltimore, Md

Ernie's Barber

2 Feb. 1944

1. alt. m. m.

or other person who makes this Return.

Medical Attendant, or other person who makes this Return,

8 9 4 0 0 0 6 5 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

6904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 29/94

4. Place of Birth, (Street and Number) 2304 P. Fayette St.

5. Full Name of Mother, Kathie Dodson

6. Mother's Maiden Name, Mc Letchie

7. Mother's Birthplace, Balto.

8. Full Name of Father, Amuel Dodson

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dymondson

Address, 2225 Gough St

Remarks, 1 8 9 4 0 0 0 6 5 6 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 111 4

1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 29th 1894*
4. Place of Birth, (Street and Number) *2539 Cantow Ave*
5. Full Name of Mother, *Annie Horse*
6. Mother's Maiden Name, *Annie Apple*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Martian Horse*
9. Father's Occupation *Labor*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return,

Address, 824 Carlton St.

Remarks,

1 8 9 4 0 0 0 6 5 6 5

[illegible]

61907

[illegible]

- Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 29th 1894.

4. Place of Birth, (Street and Number) 1508 N. Wolfe st.

5. Full Name of Mother, Annie Mary Blum

6. Mother's Maiden Name, " " Riepe

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Casper Blum

9. Father's Occupation, Cutter

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Tenby, M.D.

Address, 1219 N. Caroline St.

Remarks, _____

18940006567

month, and said act shall be null and void unless the same shall have been conferred) his sex, color, the full name of the mother, the date and place of birth; and the child shall be delivered, duly signed by the practitioner or a physician or practitioner of midwifery, or should no other person be present, by the mother, immediately after the birth of the child, and the practitioner or physician or practitioner of midwifery, or should no other person be present, by the mother, immediately after the birth of the child, shall report its birth to the Commissioner of Health, in the manner and form provided by law, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

First

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
 Male or female) Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Dec

3. Date of Birth, _____ (and Number)

4. Place of Birth, (Street and Number) *Mar*

Full Name of Mother, *22*

6. *Mother's Maiden Name,*

6. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

10. *Father's Birthplace,*
Name of Medical Attendant, *or other person who makes this Return.*
C. G. B.

Name of Member 109 N. O.

Address.

Remarks,

[illegible]

RETURN OF A BIRTH. 601910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race

3. *Date of Birth,*

4. Place of Birth, (Street and Number

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace*

S. *Full Name of Father*

9. Father's occupation

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address, 1739 W. Baltimore St.

Remarks, 8 9 4 0 0 0 6 5 6 9

Wm J C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 61911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*

S. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible]

month, and shall set forth as far as the same can be ascertained, the name, the sex, color, the date and place of birth, and the name of the medical attendant, and the name of the physician or practitioner of medicine, and the name of the other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH. 61912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 29 1894

4. Place of Birth, (Street and Number) 929 Bimney St.

5. Full Name of Mother, Elizabeth D. Leatherstock

6. Mother's Maiden Name, W. G. Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Boye

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Sarah B. Livingston

Address, 929 Bimney St.

Remarks, _____

18940006571

RETURN OF A BIRTH

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 Sex Female

1. Sex, (state whether male or female) Female
 2. Color, (state whether of the white race) Colored

1. Sex, (state whether male or female) Colored

2. Race or Color, (if not of the white race) Colored

2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 29 1896 _____
4. Street and Number _____

3. Date of Birth, Dec 27 1822 Feb

4. Place of Birth, (Street and Number) Mass. G. Jackson

4. Place of Birth, (Street and Number) 7-10
Full Name of Mother, Mary A Jackson
1400 10th St
Grand

4. Place of Birth, *Mary D. Gannon*
5. Full Name of Mother, *Mary D. Gannon*
Mother's Maiden Name, *Mary D. Gannon*

6. Mother's Maiden Name, Mary A
7. Mother's Birthplace, Baltimore
Charles A. Jack

7. Mother's Birthplace, Waltham
8. Full Name of Father, Charles A. Jackson

7. Mother's Name *Charles A. J.*
8. Full Name of Father *Crashman*
9. Father's Occupation *Shoemaker*

8. Full Name of _____
9. Father's Occupation _____
10. Father's Birthplace, _____ or other person who _____

9. Father's Occupation, Housewife
10. Father's Birthplace, Massachusetts
Name of Medical Attendant, Dr. J. J. St. John or other person who makes this Return, Dr. J. J. St. John

10. Father's Birthplace, _____ or other person who makes this Return, _____
Name of Medical Attendant, _____
178 Preston St

Name of Medical Attendant, _____
Address, 509 Preston St

Address, 309 Franklin

Remarks, 1894000

Remarks, 1894000

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the child shall be registered by the practitioner of health, or the person or persons in charge of the institution, and the practitioner of health, or the person or persons in charge of the institution, shall be held responsible for the correctness of the information furnished, and the practitioner of health, or the person or persons in charge of the institution, shall be held responsible for the correctness of the information furnished, and the practitioner of health, or the person or persons in charge of the institution, shall be held responsible for the correctness of the information furnished.

RETURN OF A BIRTH. 61914 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 29 December

4. Place of Birth, (Street and Number) 1445 Gay St. Ave

5. Full Name of Mother, Teresa Greenert

6. Mother's Maiden Name, Becker

7. Mother's Birthplace, Germany

8. Full Name of Father, Gordon Greenert

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary W. W.

Address, 1351 Forest Louis Point

Remarks,

8440006573

month and a half after birth, or at the time of the first visit to the physician, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the date and place of birth of the child, shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the child shall be born in such a manner as to render it necessary to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 29 / 94

4. Place of Birth, (Street and Number) 1116 East Ave

5. Full Name of Mother, Bridget W. Parnell

6. Mother's Maiden Name, McKee

7. Mother's Birthplace, Germany

8. Full Name of Father, James Parnell

9. Father's Occupation, Brick-layer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Parnell

Address, 1116 East Ave

Remarks,

1 8 9 4 0 0 0 6 5 7 4

RETURN OF A BIRTH. 6/9/6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 2187 19th

Remarks.

1 8 9 4 0 0 0 6 5 7 5

month, and interest set forth as far as the same can be ascertained, the date and place of birth, and the name of the parent, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person of such attendance be present, the physician or midwife immediately thereafter it shall become the duty of such person to file with the Commissioner of Health, in duplicate, a certificate of the birth of such child, and the provisions of this section shall be applicable to any such person or persons who shall heretofore or hereafter, in any such case, be convicted of any such offense, to be recovered as other fines and forfeitures are recoverable, except to the fine of ten dollars for each offense.

RETURN OF A BIRTH. 1917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of December
4. Place of Birth, (Street and Number) 511 E. Durham St.
5. Full Name of Mother, Johanna Merman
6. Mother's Maiden Name, Waler
7. Mother's Birthplace, Marionwender (Conn.)
8. Full Name of Father, John Merman
9. Father's Occupation, Labeler
10. Father's Birthplace, Unterwiesch (Prussia)
- Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss
- Address, 2122 Canton Ave.
- Remarks, 1 8 9 4 0 0 0 6 5 7 6

RETURN OF A BIRTH. 61919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

38 Child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

W. White

3. *Date of Birth,*

December 29/94

4. *Place of Birth, (Street and Number)*

December 21, 1911
er) 11728 P. Charles L. Toot & Balto. Md.
M. Marzer

5. Full Name of Mother,

Minnie Marzer

6. *Mother's Maiden Name.*

Minnie Lohman

7. Mother's Birthplace,

Резина

8. *Full Name of Father.*

D. J. Marzetta
Tailor

9. *Father's Occupation.*

Russia

10. *Father's Birthplace,*

Mrs. Lina Barber

Name of Medical Attendant, or other person who makes this Return.

or other person who
makes this Return

Address,

#41 E. York Street Balto

Remarks.

8 9 4 0 0 0 6 5 7 8

RETURN OF A BIRTH. 61920

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 inf. Child.

1. Sex, (state whether male or female)

a Final

2. Race or Color, (if not of the white race).

77.10

3. *Date of Birth,*

December 29.

4. *Place of Birth.* (Street and Number)

2239. *Pilkins* 1897

5. Full Name of Mother,

Anna B. Southworth

6. *Mother's Maiden Name,*

66 21 Bedding.

7. *Mother's Birthplace.*

Washington, D.C.

8. *Full Name of Father,*

Clinton Southworth

9. Father's Occupation,

Bohagge.

10. *Father's Birthplace,*

Caroline County Virginia

Name of Medical Attendant.

or other person who makes this Return.

Miss Anna Lindner

Address, .

106. J. Monroel H

Remarks,

Baltimore Md

8 9 4 0 0 0 5 5 8 0

[illegible]

RETURN OF A BIRTH. 6/1922

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth*,—

4. *Place of Birth.* (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Father's Birthplace,
Name of Medical Attendant. or other person who makes this Return.

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 29. 1894

4. Place of Birth, (Street and Number) St. Vincent's Inf. Hospital

5. Full Name of Mother, Agnes Thomas

6. Mother's Maiden Name, "

7. Mother's Birthplace, Pa.

8. Full Name of Father, Not known

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, R. L. Rabin M.D.
or other person who makes this Return.

Address, Acad. St.

Remarks, 5940006582

RETURN OF A BIRTH. 61924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 29/91

4. Place of Birth, (Street and Number) Maternity Hospital 115 W. Lombard St.

5. Full Name of Mother, Mrs Annie Leslie

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Unknown

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Alfred J. Gendry M.D.

Address, 115 W Lombard St.

Remarks, 18940006583

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Cyprus race
3. Date of Birth, December 29 - 1894
4. Place of Birth, (Street and Number) 521 Orchard Street
5. Full Name of Mother, Pauline Harris
6. Mother's Maiden Name, Pauline Harris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Do not know
9. Father's Occupation, " " "
10. Father's Birthplace, " " "
- Name of Medical Attendant or other person who makes the Return Dr. George W. S.
- Address, 130 W. 15th Street
- Remarks, The child is about 16 years of age
- 18940005584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

114

Female

Black

DEC 29/94

Dec 29/94 -
Free Lymphatic Hospital for W. London

Maria West

3

or other person who
makes this Return

Attendant, or other person who makes this Return, Harry N. Arthur MD
62210 Lombard St St. Petersburg

Attendant, or other person who makes this Return, Harry N. Arthur MD
62210 Lombard St St. Petersburg

8 9 4 0 0 0 5 5 8 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race). *See 3*

3. *Date of Birth.*—

4. Place of Birth, (Street and Number) Free Highway

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*—

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 62 W. Lombard St.

Remarks.

1 3 9 4 0 0 0 5 8 6

RETURN OF A BIRTH. 61928 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 30/96

4. Place of Birth, (Street and Number) Freezing in Hospital 622 W Lombard

5. Full Name of Mother, Agnes Day

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, Harry H. Arthur M.D.
or other person who makes this Return.
Jr. Resident Dept 622 W Lombard St.

Address, _____

Remarks, 8940004587

61929

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~State whether male or female~~)

2. Race or color, ~~(if not of the white race)~~

3. Date of Birth, (and Number)

4. Place of Birth, (Street and Number) *Massie*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*—

8. Full Name of Father

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, _____ or other person who makes this Return.

Address,

Remarks, 1 8 9 4 0 0 0 6 5 8 9

[illegible]

RETURN OF A BIRTH. 61930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) ... Female

2. Race or Color, (if not of the white race) Colored

2. Race or Color, (if not of the race of the mother)
3. Date of Birth Dec 30 1894

3. Date of Birth Dec 30 1911
4. Place of Birth, (Street and Number) 661 George St
B H S Parker

5. Full Name of Mother, Bertha A. Cooper
B. H. Dorey

5. Full Name of Mother, Beetha Dorsey
6. Mother's Maiden Name, Beetha Dorsey

6. Mother's Maiden Name, McGowan
7. Mother's Birthplace, Baltimore Md
6-11-21 Coop

7. Mother's Birthplace, Williams Cooper
8. Full Name of Father, Williams

9. Father's Occupation—Laboring

10. Father's Birthplace, Williamsburg

Name of Medical Attendant, or other person who makes this Return, *James W. [illegible]*

Name of Medical Institution _____
Address, 509 Preston St.

Address,
Remarks.

8 9 4 0 0 3 5 5 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

30th Dec 1894

4. Place of Birth, (Street and Number)

1701 Patuxet St
Hattie Barnes

5. Full Name of Mother,

Loringen

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

John Barnes

8. Full Name of Father,

Carpenter

9. Father's Occupation,

Annapolis

10. Father's Birthplace,

Elizabeth Yowell

Name of Medical Attendant, or other Person who makes this Return

Address, 436 E Front Ave

Remarks,

8940006590

[illegible]

RETURN OF A BIRTH. 2-19-57 6/1932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Neil Corcoran First

1. Sex. (state whether male or female) *Male*
2. Race or Color. (if not of the white race) *White*
3. Date of Birth, *Dec. 30, 1894*
4. Place of Birth, (Street and Number) *1725 Myrtle Ave*
5. Full Name of Mother, *Katie Corcoran*
6. Mother's Maiden Name, *O'Leary*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John J. Corcoran*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Ireland*
Name of Medical Attendant, or other person who makes this Return, *J. F. Branch, D.*
Address, _____
Remarks, _____
- 8940006591

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Armenian

3. Date of Birth, Dec 30, 1894

4. Place of Birth, (Street and Number) 732 N. Fayette St.

5. Full Name of Mother, Julia Joseph

6. Mother's Maiden Name, Julia Obolens

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Joseph

9. Father's Occupation, Real Estate

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, 914 dt 6 Martes

Remarks, 8 9 4 0 0 0 6 5 9 2

GIVEN NAME ADDED 1-13-65

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Bertram Friedman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex. (state whether male or female).

32

2. Race or Color, (if not of the white race).

Male

3. *Date of Birth,*

White

4. *Place of Birth, (Street and Number).*

Dec: 30th/94

5. Full Name of Mother,

859 Hollins

6. *Mother's Maiden Name,*

Lottie Friedman

7. *Mother's Birthplace,*

Sophie Straus

8. *Full Name of Father,*

1. Balto

9. *Father's occupation.*

He was forced man
to do nothing

10. *Father's Birthplace,*

Whole: 1000000

Name of Medical Attendant, or other person who makes this Return.

Callo.
al punto

Address.

St. Catharine St.

Remarks.

409. *Cathartes aura*

8 9 4 0 0 0 6 5 9 3

month, and this section, as for the same can be ascertained, the full name of each child, of every child, and the date of birth, the sex, the color, the full name and occupation of the mother, and the date of delivery, and shall also include that be delivered, duly to the office of the Commissioner of Health, and should to other person be in third day of report the attendance of a physician, it shall become the duty of the person who was required, and attendance upon the mother, Commissioner of Health. In the month the provisions of this section shall be applicable to persons or persons who shall have committed an offense, to be recovered as other fines and forfeitures are recoverable, to the fine of ten (10) dollars for each child.

RETURN OF A BIRTH.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

by Andre

To the Office of Registrar
Name of child, John Andrae
(state whether 1st, 2d, 3d, &c.)

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number).

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 4 0 0 0 6 5 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____

Dec 30 - 94
R4

723 Bureau Dr

720
Clara L. Herquel

1" red Jacobs

Mr. J. S. Lerguel

Agent
Belle

Ballo

Mr Mary A. Allwell

1438 N. Bond St

Address.

Remarks.

8 9 4 0 0 0 5 5 9 6

61938

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth, December, 30, 1894

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, Mrs Mary Ellen Holland

6. Mother's Maiden Name, Mrs. Mary H. [unclear]

7. Mother's Birthplace, *Belknap, Maryland*

8. Full Name of Father, Mr. George J. ...

9. Father's Occupation, *Domestic Engineer*

10. Father's Birthplace, *13 1/2 h m*
or other person who *all*

Name of Medical Attendant, or Person to whom Return is to be Made: 1235 - L. Bennett Avenue

Address, 1235-2 894 000659

Remarks.

[illegible]

and the
month, and shall set forth as far as full name and occupation of its parent, sex, color and place of birth; and the
been conferred) its sex, color and place of birth; and shall set forth as far as full name and occupation of its parent, sex, color and place of birth; and the
said child of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, for the purpose of being entered in the
shall occur without the attendance upon birth to the Commissioner of Health, and shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kim
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 30 December
4. Place of Birth, (Street and Number) 114 St. Albans St
5. Full Name of Mother, Lie L. G. Kim
6. Mother's Maiden Name, Kim
7. Mother's Birthplace, Honolulu
8. Full Name of Father, James S. Kim
9. Father's Occupation, Teacher
10. Father's Birthplace, Honolulu
- Name of Medical Attendant, or other person who makes this Return. Lina H. H. H.
- Address, 112 E. Pratt St
- Remarks, 18940005600

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person making this Return.

Address,

Remarks.

8 9 4 0 0 0 6 6 0 2

RETURN OF A BIRTH. *Vol 944*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, 1219 E Lombard St

Remarks, 1 8 9 4 0 0 0 6 6 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. Date of Birth, *June*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

2. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, No 1517

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. 61947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30th December 1894

4. Place of Birth, (Street and Number) Andrew St. No. 1431

5. Full Name of Mother, Barbara Bauerlea

6. Mother's Maiden Name, Dieftler

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl Bauerlea

9. Father's Occupation, Maschinenist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Luzyie Schaeffler

Address, E. Fort Ave. No. 1108.

Remarks,

8740005605

Legal certificate of sex, color, the full name and occupation of its parents, the date and place of birth, and the date of registration, shall be signed by the practitioner in the form of a certificate, and the certificate shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the certificate shall be retained in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for a period of ten years, and the certificate shall be subject to the provisions of the Act of the General Assembly of the State of Maryland, passed at the second session of the General Assembly, in the year of our Lord one thousand eight hundred and ninety-two, and to the provisions of the Act of the General Assembly of the State of Maryland, passed at the third session of the General Assembly, in the year of our Lord one thousand eight hundred and ninety-three, and to the provisions of the Act of the General Assembly of the State of Maryland, passed at the fourth session of the General Assembly, in the year of our Lord one thousand eight hundred and ninety-four, and to the provisions of the Act of the General Assembly of the State of Maryland, passed at the fifth session of the General Assembly, in the year of our Lord one thousand eight hundred and ninety-five, and to the provisions of the Act of the General Assembly of the State of Maryland, passed at the sixth session of the General Assembly, in the year of our Lord one thousand eight hundred and ninety-six, and to the provisions of the Act of the General Assembly of the State of Maryland, passed at the seventh session of the General Assembly, in the year of our Lord one thousand eight hundred and ninety-seven, and to the provisions of the Act of the General Assembly of the State of Maryland, passed at the eighth session of the General Assembly, in the year of our Lord one thousand eight hundred and ninety-eight, and to the provisions of the Act of the General Assembly of the State of Maryland, passed at the ninth session of the General Assembly, in the year of our Lord one thousand eight hundred and ninety-nine, and to the provisions of the Act of the General Assembly of the State of Maryland, passed at the tenth session of the General Assembly, in the year of our Lord one thousand eight hundred and one thousand.

~~GIVEN NAME ADDED~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: CAROLYN BURROW SIMPSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 7

Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Dec 30th 94.

3. *Date of Birth,*

Dec 30 11.
1122 M^c Culloh St.

4. Place of Birth, (Street and Number) _____

William Simpson Simpson

5. *Full Name of Mother,*

Mary Lillian Simms. - Ga

6. *Mother's Maiden Name,*

Savannah - Ga
J. B. Simpson

7. *Mother's Birthplace,*

Frank R Simpson

8. Full Name of Father,

Clerk

9. *Father's Occupation.*

Petersburg - Va
Robert A. Vi

10. *Father's Birthplace,*
Medical A

Robert V. Wilson, new
at Park Ave.

Name of Medical Attendant, or other person who makes this Return.

Address, 814 S 8th St, St Paul, MN 55104

Remarks, 8 9 4 0 0 0 6 6 0 7

RETURN OF A BIRTH. 61949
 Health Board of Health, Baltimore City.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
Male or female Male

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race) 189

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation*—

10. *Father's Birthplace,*

Father's Birthplace, _____ or other person who
Name of Medical Attendant, _____ makes this Return. 6

Address.

Remarks, 1 8 9 4 0 0 0 6 6 0 3

No. 1. 2. 3. 4.

been conferred, his sex, color, the full name and occupation of his parents, the date and place of birth, and the said father of each and every month to the office of the Commissioner of Health, in the form of a certificate, the birth of any child shall occur without the attendance of a medical attendant, or midwife, or any other person, or any child shall be born to the Commissioner of Health, in the manner and to the effect hereinafter provided, and any child born to the Commissioner of Health, in the manner and to the effect hereinafter provided, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, December 30 1894
 4. Place of Birth, (Street and Number) Baltimore Md, 224 McClellan
 5. Full Name of Mother, Sabara Addison
 6. Mother's Maiden Name, Eleanor J. Pratt
 7. Mother's Birthplace, Summer set W. Md
 8. Full Name of Father, John Henry Addison
 9. Father's Occupation, laboring wood in lumber
 10. Father's Birthplace, Cumberland Co Md
 Name of Medical Attendant, or other person who makes this Return, George Annia Brooks
 Address, 1751 Philikin St.
 Remarks, No. 6940006609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the birth certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, should no other person be in attendance without the attendance of a physician, and shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 31, 1894.

4. Place of Birth, (Street and Number) 832 Huntingdon ave.

5. Full Name of Mother, Ella May Merrickson.

6. Mother's Maiden Name, Wolch.

7. Mother's Birthplace, Wis.

8. Full Name of Father, Franklin Daniel Merrickson.

9. Father's Occupation, Electric Lineman.

10. Father's Birthplace, Wis.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut av.

Remarks, _____

18940006612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) *Th...*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*—

8. Full Name of Father

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, -

Address, -
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race).

3. *Date of Birth,*—

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. *Full Name of Father,*9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

1 8 9 4 0 0 0 6 6 1 4

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, in the form of a certificate between the first and third day of each and every month to the clerk or commissioner of health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the child, it shall become the duty of the period above required, and the child and its parents shall be liable to a fine of ten dollars for each offense, and the child and its parents shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Guild

1. Sex, (state whether male or female)

Буду

2. Race or Color, (if not of the white race)

White Race

3. *Date of Birth.*

Born Dec 31st 1894

4. *Place of Birth, (Street and Number*

2104 Ramsey et

5. *Full Name of Mother.*

Mrs. Mary. Little

6. *Mother's Maiden Name.*

Miss Miller

7. *Mother's Birthplace.*

Balto Bx²

8. *Full Name of Father,*

Mrs. Martine Little

9. *Father's Occupation.*

Blacksmith

10. *Father's Birthplace.*

Balto Bits

Name of Medical Attendant, or other person who makes this Return.

Moro Hills

Address.

2002. H.C. Zheny. St

Remarks

8 9 4 0 0 0 5 6 1 5

and schedule shall be delivered, duly signed by the physician, to the mother in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of military affairs, in case the birth of any child shall occur without the attendance of a physician or midwife, and in case the mother or other person be in such a condition as to require medical attention, and shall be delivered to the Commissioner of health, in the manner and within the period above required, and in case the mother or other person shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars (each offense) to be covered on other fines and forfeitures recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

make
white

2. Race or color, (if not of the white race)

white

- 3.
- Date of Birth.*

Dec 21st 1894

4. Place of Birth, (Street and Number)

809 York Road

5. Full Name of Mother,

Wetland Make

6. *Mother's Maiden Name.*

Wetida Wheeler

7. *Mother's Birthplace,*

Buttmore

8. *Full Name of Father,*

Shouso Makino

9. *Father's Occupation,*

Motorson

10. *Father's Birthplace,*

Altman

Name of Medical Attendant, or other person who makes this Return.

or other person who
makes this Return.

Do Justice Mrs

Address _____

Waverly Ballou

Remarks.

"~~Wink~~ 9 4 0 0 0 6 6 1 6

RETURN OF A BIRTH. 61959-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No of Child of Mother!*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 31 Mon 1894*
4. Place of Birth, (Street and Number) *28 W Chapel Street*
5. Full Name of Mother, *Ellen J Morgan Brown*
6. Mother's Maiden Name, *Ellen J Morgan*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *William J Brown*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Susan Cooper*
- Address, *No 123 W Durham St*
- Remarks, *No Remarks 006618*

RETURN OF A BIRTH. *61 960*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number).

5. Full Name of Mother, -

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday, December 31, 1894.
4. Place of Birth, (Street and Number) No 1528 Byrd St.
5. Full Name of Mother, Helen Jacobs
6. Mother's Maiden Name, Helen Love
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Jacobs
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Catherine Hornung
Address, No 1517 Byrd St City
Remarks, 894000520

RETURN OF A BIRTH ⁶¹⁹⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Dec. 31st 1914

4. Place of Birth (Street and Number), 1519 Holbrook St

5. Full Name of Mother, Mrs Mary Finnigan

6. Mother's Maiden Name, Ward

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lawrence Finnigan

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. Burke Bayle or other person who makes this Return.

Address,

Remarks,

8 7 4 0 0 6 2 2

and shall not forthwith for the same can be recovered for each offence, to be recovered as other fines and forfeitures are recoverable. In case the birth of a child shall occur within the period of one year after the date of the last preceding certificate between the mother and the father, or between the mother and any child, it shall be the duty of the person to whom the certificate is given to file a certificate of such birth with the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the certificate, and to the file of said certificate.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sixth { 6th }

Handwritten: *Handwritten*

white

December 31st 1874

2016 Books

Mary Rose

Cumberland

Washington DC

John Rose

H. bicolor

13 Oct 1961

400-100-100

75-19 B. P. Tumor -

8940006523

[illegible]

RETURN OF A BIRTH. 61966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, 1903 South St.

Remarks,

8 9 4 0 0 6 2 5

Wm J C. Dulany Co., City Printers and Stationers.

and schedule shall be on file in the office of the Commissioner of Health, in each of the birth of any child
third day of each and every month to the office of the Commissioner of Health, in each of the birth of any child
shall occur without the attendance of any other person, or shall no other person be in
child to report his birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 31, 1894

4. Place of Birth, (Street and Number) Baltimore Ind 4218 Park

5. Full Name of Mother, Eva Szymanski

6. Mother's Maiden Name, Lichenski

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Szymanski

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary K. Manning

Address, 414 S Stricker St. Baltimore Md

Remarks, Father and Mother are both

894000627

RETURN OF A BIRTH. 61 969
and Statistics Board of Health Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 31 1894

3. Date of Birth, Dec 21 1920
4. Place of Birth, (Street and Number) Garnett St. No. 1320
St. Louis

4. Place of Birth, Germany
5. Full Name of Mother, Anna Kemp
Ch. 1000

5. Full Name of Mother, _____
6. Mother's Maiden Name, Glechner

6. Mother's Maiden Name, Berlin - Brandenburg
7. Mother's Birthplace, Ward 6, W.C.D.

7. Mother's Birthplace, _____
8. Full Name of Father, Wilhelm Hempf

8. Full Name of Father, _____
9. Father's Occupation, _____

9. Father's Occupation, _____
10. Father's Birthplace, _____

10. *Father's Birthplace*, _____ *Home*
Name of Medical Attendant, _____ *or other person who*
makes this Return.

10. *Name of Medical Attendant, or other person who makes this Return.* *J. A. [illegible]*
Address, *Yonkers, N. Y.*

Address, _____

Remarks, _____ 8 9 4 0 0 0 6 6 2 8

Remarks, _____ 8 9 4 0 0 0 6 6 2 8

[illegible]

RETURN OF A BIRTH. 61970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st. 2d. 3d, &c.) first
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31 of December 1894
4. Place of Birth, (Street and Number) 250 S. Bolen St.
5. Full Name of Mother, Mary Sabaler
6. Mother's Maiden Name, Kaplan
7. Mother's Birthplace, Russia ~~Symfaro State~~ ~~Home State~~
8. Full Name of Father, Jack Sabaler
9. Father's Occupation, pedler
10. Father's Birthplace, Symfaro State
- Name of Medical Attendant, or other person who makes this Return, Glinder M.D.
- Address, 143, n. Front St.
- Remarks, 894000629

known, and the date of birth, the date and place of birth, and the name of the person who makes this Return, shall be filled in by the Registrar of Vital Statistics, Board of Health, Baltimore City, and the said schedule shall be delivered, duly signed and sealed, to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the third day of each and every month, and the Registrar of Vital Statistics, Board of Health, Baltimore City, shall cause upon the mother, immediately after the birth of the child, to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Dec 31/94.

4. Place of Birth, (Street and Number) Free Living in Hospital 622 W Lombard St.

5. Full Name of Mother, Mary Winston

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.

Address, 622 W Lombard St. Dr. Resident

Remarks, _____

18940006630

RETURN OF A BIRTH. 61972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant *Dr. J. H. Smith* or other person who makes this Return.

Address, 622 W. Lombard St.

Remarks, ...

1 8 9 4 0 0 9 1 5 3 1

When conferred the sex, color, the full name and occupation of the person, the time and place of birth, the date and schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth certificate of a child of any person be lost, the person being a resident of this State, the Commissioner of Health, on application of the person, may issue a duplicate thereof. In case the birth certificate of a child of any person be lost, the person being a resident of this State, the Commissioner of Health, on application of the person, may issue a duplicate thereof. In case the birth certificate of a child of any person be lost, the person being a resident of this State, the Commissioner of Health, on application of the person, may issue a duplicate thereof.

RETURN OF A BIRTH. 61973 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 31/94

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St

5. Full Name of Mother, Mary Mink

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Alfred I. Kennedy M.D.

Address, 115 W Lombard St

Remarks, 1894000632

been certified in the act, and the certificate shall be signed by the physician or practitioner of medicine, or by the midwife, or by the person or persons who attended the birth of the child, and the certificate shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the act, and the certificate shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. 11

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall not be delivered until the full term of pregnancy of its parents, the date and place of birth, and the sex, color, the full name of the practitioner in the form of a certificate between the first and fifth settlements shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parents of such child shall report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6/975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, ~~January~~ Dec 1st 1894

4. Place of Birth, (Street and Number) 846 Columbia ave

5. Full Name of Mother, Ella Arnold

6. Mother's Maiden Name, " Bray

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilson Arnold

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo R Graham MD

Address, 725 Columbia ave

Remarks, 18940006634

RETURN OF A BIRTH. 61 976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 1st

4. Place of Birth, (Street and Number) *No 903 Columbia Ave.*

5. Full Name of Mother, Sarah Galloway

5. Full Name of Mother, *Heathorne*
6. Mother's Maiden Name, *2 15 25*

6. Mother's Maiden Name, Balto. City
7. Mother's Birthplace, Prague, W. Bohemia

7. Mother's Birthplace, _____
8. Full Name of Father, George W. Galloway
Merchant.

9. Father's Occupation, Machinist
Balti. Md

10. Father's Birthplace, Baltz, Oz

Name of Medical Attendant, or other person who makes this Return, *Alfred B.*

Name of Medical Association, makes and no.
Address, _____ 921 Columbus Ave.

Remarks, 8940006635

[illegible]

RETURN OF A BIRTH. 61977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 6 6 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its delivery, and the name of the practitioner in the form of a certificate, which shall be signed by the practitioner in the form of a certificate, and shall be filed in the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance upon the mother, immediately hereon, in the manner and within the time specified, the practitioner shall report its birth to the Commissioner of Health, in the manner and within the time specified, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED RETURN OF A BIRTH. 61978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: **SIDNEY LESSER** ~~LEVY~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) **2**

1. Sex, (state whether male or female) **Male**

2. Race or Color, (if not of the white race) **1**

3. Date of Birth, **12 Dec 1894**

4. Place of Birth, (Street and Number) **1237 Jackson St**

5. Full Name of Mother, **Annie Levy**

6. Mother's Maiden Name, **1**

7. Mother's Birthplace, **Balto**

8. Full Name of Father, **Wm. L. Levy**

9. Father's Occupation, **Salesman**

10. Father's Birthplace, **Russia**

Name of Medical Attendant, or other person who makes this Return **Miss R. Ullis**

Address, **1309 E. Lexington St**

Remarks, **1**

18940006637

61979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5-4h-

- Small
White—

- White

- white race) 125 94

- 1137 Hollins st—
Hudson

- Number) 110111
Rosa H. H. H.

- It is common

- Pollard

- Louis Fitzgerald

- Short keeper

- Pollock, C.

M. L. Thompson

1313 H. Ball St.

strong child named (Minnie)

[illegible]

6198d

2nd

Female
Hutch

- Dec 1-94

Thickens for 4 hours

Mr Beckie Zigar

Mr Henry Good
Farmer

Mr. G. B. Llewellyn

Union Square

1 8 9 4 0 0 0 5 6 ~~8~~ 9

any person who, with intent to defraud, knowingly and unlawfully obtains, by any means, any such person or persons who shall be such offense, to be recovered as other fines and forfeitures are recoverable, except to the fine of ten (10) dollars.

RETURN OF A BIRTH. 61981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Dec. 2nd 1894.
 4. Place of Birth, (Street and Number) 821 W. Lexington St.
 5. Full Name of Mother, Annie C. Dushane
 6. Mother's Maiden Name, Logan
 7. Mother's Birthplace, Ind.
 8. Full Name of Father, W. J. E. Dushane
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Ind.
 Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill
 Address, 1103 Madison Ave.
 Remarks, Full name of child - Maurice C. Dushane
8940006640

RETURN OF A BIRTH. 61983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)....

1. Sex, (state whether male or female)---

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother, ..

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

894006642

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly filled up to the Registrar of Vital Statistics, Baltimore City, and the practitioner in the form of a certificate of birth, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 7 1894*
4. Place of Birth, (Street and Number) *919 delwood ave city*
5. Full Name of Mother, *Mary J. Jeffers*
6. Mother's Maiden Name, *Miles*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John H. Jeffers*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Carroll County*
- Name of Medical Attendant, or other person who makes this Return *Martha L. King*
- Address, *545 Hickory ave city*
- Remarks, *1894000643*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. The Registrar shall be furnished with a copy of this Return, and the Registrar shall be furnished with a copy of this Return, and the Registrar shall be furnished with a copy of this Return.

RETURN OF A BIRTH. 61985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth.

December 2 1894

4. Place of Birth, (Street and Number).

531 Falls road city

5. Full Name of Mother,

Mary E Moore

6. Mother's Maiden Name,

Glassmeyer

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

August E Moore

9. Father's Occupation,

labor

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Address,

Martha E King 575 Hickory

Remarks.

18940006644

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 3/94

4. Place of Birth, (Street and Number) 321 S. Madeira Alley

5. Full Name of Mother, Elizabeth Schamel

6. Mother's Maiden Name, Mall

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Schamel

9. Father's Occupation, Cooper

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this return, Mrs. Rosenhofer

Address, 2225 Gough St.

Remarks, 18940005645

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine or surgery, or should no other person be in attendance, the parent or parents of such child shall be liable to a fine of ten dollars for each child who is born, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 6-28-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *James Carroll Woods*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec 3 - 1894*
4. Place of Birth, (Street and Number) *223 S. Bond St.*
5. Full Name of Mother, *Sarah Woods*
6. Mother's Maiden Name, *Kavanaugh*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Nicholas J. Woods*
9. Father's Occupation, *Stencil Cutter*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this return, *Harry Stein*
Address, *1427 E. Pratt St.*
Remarks,

1894006646

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first or third day of any month, the practitioner shall deliver the certificate to the office of the Commissioner of Health, immediately thereafter. It shall become the duty of the practitioner to report the birth of any child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 3 - 1894

4. Place of Birth, (Street and Number) 707 S. Eden St.

5. Full Name of Mother, Jda Burns

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Burns

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes the Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

18940006647

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

22

To the Office of Registrar of Births and Deaths

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

Sex (state whether male or female) Male

Color (state whether white or black) Other

No. of Child of Mother, (state whether male or female) Male
1. Sex, (state whether male or female) Offspring
Color, (if not of the white race) 1594

2. Race or Color, (if not of the
3. Date of Birth, Dec 3, 1894.
Birth (Street and Number) B

3. Date of Birth, Dec 1
4. Place of Birth, (Street and Number) 111 St. 1
5. Name of Mother, Fannie Robinson
6. Name of Father, Charles

5. Full Name of Mother, Fannie Martin
Maiden Name, Fannie Martin
Prigginia

6. Mother's Maiden Name, Grann
7. Mother's Birthplace, West Virginia
8. Father, Edward R. Robb
9. Mother, Walter

7. Mother's Birthplace. England
8. Full Name of Father. Edward
Occupation. Baggage Master.

8. Full Name of _____
 9. Father's Occupation, _____
 Birthplace, _____ or other person who
 will Return.

7. Mother's Birthplace, Edward
8. Full Name of Father, Baggage Master
9. Father's Occupation, Baltimore
10. Father's Birthplace, Theresa Bookery, D.
Name of Medical Attendant, or other person who
makes this Return. 914 D. Grades St.

Address,

Remarks,

Address, 18940006649
Remarks,

WM. J. O. DULANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 61991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *3. Dec.*
 4. Place of Birth, (Street and Number) *123 1/2 E. Eager St.*
 5. Full Name of Mother, *Kathern Neubauer.*
 6. Mother's Maiden Name, *Kathern Neuburg.*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Harrod Neubauer.*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, *or other person who makes this Return, Mrs. J. Birch Michonise*
 Address, *No. 1417 E. Eager St.*
 Remarks, *3 2 4 2 2 4 5 2*

RETURN OF A BIRTH. 61992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...3

1. Sex, (state whether male or female). female

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother, Harriet Jackson

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

D. Father's Occupation.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 6 6 5 1

61993

3

3

Special

White

December 3 74

522 E. Madison St.

Magdalena Gile

Nagatsuma Schneider

Handwritten signature: *[Illegible]*

no. 1111

Labrador

✓

nt, or other person who makes this Return.

426 E. Lincoln St.

8 9 4 0 0 0 6 6 5 2

1 8 9 4 0 0 0 6 6 5 2

month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the place of birth, and the sex, color, and occupation of the mother, and the name of the physician or practitioner of midwifery, who attended the birth of the child, and shall be signed by the mother, or by the physician or practitioner of midwifery, or by the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Dec. 3/94
4. Place of Birth, (Street and Number) Maternity Hospital, 115 W. Lombard St
5. Full Name of Mother, Louisa Lomley
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Agnes L. Lomley M.D.
- Address, 115 W. Lombard St
- Remarks, 8440006653

RETURN OF A BIRTH. 61995-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 5th 1894

4. Place of Birth, (Street and Number) 8116 East Ave

5. Full Name of Mother, Rosa Macey

6. Mother's Maiden Name, Rosa O'Neill

7. Mother's Birthplace, Balto

8. Full Name of Father, John Macey

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St

Remarks, 18940005654

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and the date of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the said schedule, and the certificate shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

X

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 5/94

4. Place of Birth, (Street and Number)

509 S. Luzerne Str.

5. Full Name of Mother,

Annie Koutz

6. Mother's Maiden Name,

Avellauer

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Edward Koutz

9. Father's Occupation

Clerk

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Linsenhofer

Address,

2225 Gough St.

Remarks,

8940006655

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 4 0 0 0 6 6 5 6

[illegible]

RETURN OF A BIRTH. 61998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each country shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and second day of each and every month of the Commissioner of Health, or should no other person of such rank and authority be available, by the practitioner, immediately after the birth of the child, and above required, and shall be returned to the Registrar of Vital Statistics, in the manner and within the time and under the conditions of this section shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d -

1. Sex, (state whether male or female) Male,

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 5th

4. Place of Birth, (Street and Number) 735 St Peter's

5. Full Name of Mother, Rosa Schott,

6. Mother's Maiden Name, Fruse,

7. Mother's Birthplace, Balto. Cy.

8. Full Name of Father, John Schott,

9. Father's Occupation, Cooper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address, 721 Columbia Ave.

Remarks, 8940006657

RETURN OF A BIRTH. 61999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
 Sex, (state whether male or female) Male
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 1522 N. Spring St
 4. Place of Birth, (Street and Number) Maggie Kearney
 5. Full Name of Mother, Maggie Kearney
 6. Mother's Maiden Name, Island
 7. Mother's Birthplace, Frank Meany
 8. Full Name of Father, Monumaidan
 9. Father's Occupation, Baltimore Md.
 10. Father's Birthplace, Mrs. D. Gink Mearns
 Name of Medical Attendant, or other person who makes this Return, 1417 E. Eager
 Address, 1417 E. Eager
 Remarks, 18940005658

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
 Sex Female
 Age 17 years

No. of Child of Mother, (state whether male or female) Female

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race). Dec 5th 1894

2. Race or Color, (if not of the same race as the mother) *W*
3. Date of Birth, *Dec 5 1894*
4. (Street and Number) *2402 East Ave*
Indwin

4. Place of Birth, (Street and Number) Ellen Goodwin

5. Full Name of Mother, Ellen Carson

6. Mother's Maiden Name, Ireland
Birthplace, 111 Goodwin

7. Mother's Birthplace. _____
8. Father. Robert Deane

8. Full Name of Father, Labor

9. Father's Occupation Teacher
Birthplace Ireland

10. Father's Birthplace, or other person who
 Attendant, makes this Return,

Name of Medical Attendant, or other person who makes this Return
8911 Canto

Name of Medical Attendant, 824 Canton

Address, 824

Remarks, 8940006659

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the name can be ascertained, the full name and occupation of the person who delivered the child, and the name and place of birth; and the said schedule shall be delivered, with the certificate, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother shall be liable to a fine of ten dollars for each offence, and shall be liable to report to the office of the Commissioner of Health, in the manner and within the provisions of the sections above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

10th

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

December 5th 97

4. Place of Birth, (Street and Number)

1331 Mt St

5. Full Name of Mother,

Mary Colebrook

6. Mother's Maiden Name,

Mary O'Keefe

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William Colebrook

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return

J. Robinson

Address,

136 E. Boston St

Remarks,

18940006660

RETURN OF A BIRTH. 65002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th female - Elizabeth L. Liss

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)-*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

Transcript Mrs. Lillian [illegible] April 25-1927

RETURN OF A BIRTH. 65003 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3/94

4. Place of Birth, (Street and Number) Maternity Hospital, 115 W Lombard St

5. Full Name of Mother, Mrs L Corin King

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, North Carolina

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, Alfred J. Gummery M.D. or other person who makes this Return, 115 W Lombard St.

Address, "

Remarks, 8940006662

RETURN OF A BIRTH. 65004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, Dec 5/94
4. Place of Birth, (Street and Number) Materniti Hospital, 115 W. Lombard St.
5. Full Name of Mother, Lizzie Johnson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Alfred J. Gumsdy M.D.
- Address, 115 W. Lombard St.
- Remarks, 594000663

RETURN OF A BIRTH. 6 2005-

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6. 10. Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).
 Sex (male or female).....

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race).

3. *Date of Birth.*

3. Date of Birth,

4. Place of Birth: (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other person who
this Return.

Address,

Remarks,

8 9 4 0 0 0 6 6 6 4

Wm J C. Dalany Co., City Printers and Stationers.

Wm. J. C. Dulany Co., City Printers and Stationers

1894
12

SIXEN NAME ADDED 5-18-59

RETURN OF A BIRTH. 61553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Francis G. Murphy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 3rd

1. Sex. (state whether male or female)

3rd.

Mal

2. Race or Color, (if not of the white race)

white

3. *Date of Birth.*

December 14th. 1894

4. *Place of Birth, (Street and Number).*

1230 W. Broadway

5. *Full Name of Mother.*

Sally Murphy

6. *Mother's Maiden Name.*

Sally Zolot

7. *Mother's Birthplace,*

Dutton Fa

8. *Full Name of Father*

Francis Murphy

9. *Father's Occupation*

Salesman.

10. *Father's Birthplace,*

Dublin, Ireland

Name of Medical Attendant, or other person who makes this Return.

Wilkes-Barre, Pa.

Address.

S. W. Lee Cabot - Princeton St

Remarks

8 9 4 U 0 0 6 6 6 5

RETURN OF A BIRTH. 61554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 7 4 0 0 6 6 6 6

RETURN OF A BIRTH. 61536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 15, 1894

4. Place of Birth, (Street and Number) Hubert St. No. 1042

5. Full Name of Mother, Maggie Fox

6. Mother's Maiden Name, Maggie O'Connell

7. Mother's Birthplace, Ireland

8. Full Name of Father, Tim Fox

9. Father's Occupation, Labour

10. Father's Birthplace, Ireland

Name of Medical Attendant, Mrs. Mag. Ettel
or other person who makes this Return.

Address, 1619 Cuba St.

Remarks, Baltimore

18940006668

Every child born in Baltimore City shall have its name, sex, color, the day, month, year, and place of birth, the date and hour of its birth, and the names of its mother and father, as far as they can be ascertained, recorded in a book to be kept by the Registrar of Vital Statistics. In case the birth of a child has been concealed, the Registrar shall be notified by the person or persons who have been concerned in the concealment, or by the mother, or by the father, or by the child, or by any other person, within the time specified in the Act, and the Registrar shall cause the same to be recorded in the book. The Registrar shall also cause to be recorded in the book the name of the medical attendant, or other person who makes this return, and the address of the same. The Registrar shall also cause to be recorded in the book the name of the child, and the date and hour of its birth, and the names of its mother and father, as far as they can be ascertained. The Registrar shall also cause to be recorded in the book the name of the medical attendant, or other person who makes this return, and the address of the same. The Registrar shall also cause to be recorded in the book the name of the child, and the date and hour of its birth, and the names of its mother and father, as far as they can be ascertained.

RETURN OF A BIRTH. 61557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 15th 94

4. Place of Birth, (Street and Number) 1810 Ramsey St

5. Full Name of Mother, Sallie Lunn

6. Mother's Maiden Name, Martine

7. Mother's Birthplace, Ma

8. Full Name of Father, Philip Lunn

9. Father's Occupation, Car Driver

10. Father's Birthplace, Ma

Name of Medical Attendant, or other person who makes this Return, Mrs. F. Hill

Address, 1401 W. Fayette St

Remarks, 8940006669

any such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

seen con-ferred its sex, color, the full name and occupation of its mother, the full name of each child, (if any shall be born to the mother within the year ending on the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of a child to report its birth to the office of the Commissioner of Health, the mother shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CHANGED BY COURT ORDER
5-25-50
NAME ADDED

11-8-45

RETURN OF A BIRTH. 61558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ABE M. NORINS

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15, 1944
4. Place of Birth, (Street and Number) # 705 William Street Balto.
5. Full Name of Mother, Jennie Moorensky
6. Mother's Maiden Name, Jennie Markes.
7. Mother's Birthplace, Russia
8. Full Name of Father, Charles Moorensky
9. Father's Occupation, Paints Maker
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber
- Address, #41 E. York Street Balto.
- Remarks, _____

18940006670

RETURN OF A BIRTH 61539
of Vital Statistics. Board of Health, Baltimore City.

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, -

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, -

8 9 4 0 0 0 6 6 7

[illegible]

RETURN OF A BIRTH. 61560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ONE.*

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 15- 1894*

4. Place of Birth, (Street and Number) *Baltimore, 1202 Riggs ave*

5. Full Name of Mother, *Mollie Margaret Trehurne*

6. Mother's Maiden Name, *Mollie Margaret Tzeher*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Cuspswell Trehurne*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, *Susan Stanton*
or other person who makes this Return, *Papaynetton Sr*

Address, *234*

Remarks, —

8940006672

[illegible]

RETURN OF A BIRTH. 61561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second male.*
1. Sex, (state whether male or female) *male.*
2. Race or Color, (if not of the white race) *color.*
3. Date of Birth, *16 day December.*
4. Place of Birth, (Street and Number) *220 Montford Ave Baltimore*
5. Full Name of Mother, *Marie Robinson.*
6. Mother's Maiden Name, *Marie Branch.*
7. Mother's Birthplace, *Pataway Co Virginia.*
8. Full Name of Father, *John Robinson.*
9. Father's Occupation, *labor.*
10. Father's Birthplace, *South West Virginia.*
Name of Medical Attendant, or other person who makes this Return, *Surgeon Hooper.*
Address, *123 Durham St.*
Remarks, *89400066 73 remarks.*

RETURN OF A BIRTH. 61562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth*, ..

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 6 7 4

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th

Mali

Color

December 16^o. 1874

771 Vine st

Julius, 1 lb. 2000

Julia Brown

Driver accompanied to Mill

John H. Hawkins

Barber

Dr. J. H. Howard & Co.

Charlotte Williams

910 Leaden hall st

8 9 4 0 0 0 6 6 7 5

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, .

8 9 4 0 0 0 6 6 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female) Male

1. Sex. (state whether male or female) _____
2. Race or Color. (if not of the white race) White
Ar. 16th 94.

3. Date of Birth, December 16th 94.

3. Date of Birth, December 12
4. Place of Birth, (Street and Number) 1203 N. Fayette St.
Winnipeg, Cameron Okla

4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, Mamie Cameron Okce

5. Full Name of Mother, Maria Cameron
6. Mother's Maiden Name, Friendship H. G.

6. Mother's Maiden Name, Maries
7. Mother's Birthplace, Friendship N. Y.
Henry C. Okle

7. Mother's Birthplace, Frederick
8. Full Name of Father, Henry C. Clark, N.S.
W. H. Clark

8. Full Name of Father, Henry
9. Father's Occupation Physician
Paternalist

9. Father's Occupation Miner
10. Father's Birthplace Catsville Md.
or other person who was

9. Father's Occupation, Cottonweaver
10. Father's Birthplace, Wormy C. Okla. U.S.
Name of Medical Attendant, 1202 W. Fayette St.
or other person who makes this Return.

10. *Father's Birth*
Name of Medical Attendant, or other person who makes this Return. *1203 Mr. Foye H. H.*

Address,

Remarks, 8940006677

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) 1000

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first December 17, 1869

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, December 17 3 o'clock evening
 4. Place of Birth, (Street and Number) 317 Mulberry St Baltimore
 5. Full Name of Mother, Mary Mitchell
 6. Mother's Maiden Name, Mary McAnely
 7. Mother's Birthplace, Baltimore County Md.
 8. Full Name of Father, George Thomas Mitchell
 9. Father's Occupation, Grocer
 10. Father's Birthplace, Baltimore County M.D.
- Name of Medical Attendant, Mary A. Dorsey or other person who
 1869 Gorman St Baltimore made this Return.
 Address,
 Remarks, 6940006679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *March*

4. Place of Birth, (Street and Number) 28

5. *Full Name of Mother,*...

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*.....

8. *Full Name of Father,*

9. *Father's Occupation*,.....

10. *Father's Birthplace,*-----

Name of Medical Attendant, or other person who makes this Return.
A. H. B. West

Address,

Remarks,

(state whether 1st, 2d, 3d, &c.) *pt*
 (or female) *Male*
 (the white race) *Mulatto*
 (Monday Dec 17th 1894.
 (and Number) *618 Saratoga Court*
Hellen Fairfax.
Hellen Fairfax.
Hagerstown Washington Co Md

 (or other person who
 makes this Return. *Charles B. Wright M.D.*
613 West Saratoga St. New York
Woman was not named.
 18940006680

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, Dec. 18th 1894.

4. Place of Birth, (Street and Number) 2026 E. Chase st.

5. Full Name of Mother, Aracinta Smith

6. Mother's Maiden Name, "Gardner

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, Ebenezer Smith

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks,

8 9 4 0 0 0 6 6 8

been conferred) sex, color, the full name and occupation of its parent, the date and place of birth, and said schedule shall be filed by the practitioner in the form of a certificate between the first and third day of each and every month to the local health officer of health. In case the birth of any child shall occur without the attendance of a physician or midwife, the practitioner who attended such person upon the mother, immediately thereafter it shall become the duty of the practitioner of such person to file with the commissioner of health, in the manner and within the period above stated, a true and correct copy of the certificate so required to be filed by the practitioner; and if such person or persons thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense to be covered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its death, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons in attendance upon the mother to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 18 1894

4. Place of Birth, (Street and Number) Thane St. 1722

5. Full Name of Mother, Rosa Borack

6. Mother's Maiden Name, Schleska

7. Mother's Birthplace, Poland

8. Full Name of Father, Martin Borack

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 602 Bond St.

Remarks, _____

1 8 9 4 0 0 0 6 6 8 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)...
3. Date of Birth, Dec 1st 1894
4. Place of Birth, (Street and Number) 1340 McHenry
5. Full Name of Mother, Annie Linn
6. Mother's Maiden Name, "
7. Mother's Birthplace, Ind
8. Full Name of Father, "
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, or other person who makes this Return, Amman & Hill
- Address, 1401 W. Fayette St.
- Remarks, _____

8 9 4 0 0 0 5 5 8 3

RETURN OF A BIRTH.

61572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 18 1894

4. Place of Birth, (Street and Number) Volunt St. near City

5. Full Name of Mother, Rosie Alon

6. Mother's Maiden Name, Alon

7. Mother's Birthplace, Alon

8. Full Name of Father, Alon

9. Father's Occupation, Alon

10. Father's Birthplace, Alon

Name of Medical Attendant, or other person who makes this Return, Dr. E. B. Alon

Address, No 8 Volunt St. near City

Remarks, Baltimore

18940006684

valid certificate shall be delivered, duly signed by the physician or practitioner of midwifery, and the day of the birth of the child, the date and place of birth, and the name of the mother, shall be reported to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and no other person shall become the duty of the period above mentioned, and within the period above mentioned, the persons of such persons shall be and forfeitures are recoverable.

RETURN OF A BIRTH.

61574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 1 894

4. Place of Birth, (Street and Number) 102 East St

5. Full Name of Mother, Sophia Panusha

6. Mother's Maiden Name, Hark

7. Mother's Birthplace, Bohdan

8. Full Name of Father, Frank Panusha

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohdan

Name of Medical Attendant, or other person who makes this Return, Mary Skupits

Address, 117 E. E. St. York 208

Remarks,

1 8 9 4 0 0 0 0 0 0

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 1 1899

4. Place of Birth, (Street and Number) Wolf St 912

5. Full Name of Mother, Maggie Kolarske

6. Mother's Maiden Name, Bokaingar

7. Mother's Birthplace, Anton Polanske

8. Full Name of Father, Anton

9. Father's Occupation, labor

10. Father's Birthplace, Bahamas

Name of Medical Attendant, or other person who makes this Return, Wm. H. Haples

Address, 1111 N. Charles St. Rm 205

Remarks, 18940005688

and shall set forth as far as the same can be ascertained, the name of the mother, the name of the child, the date of birth, the place of birth, the sex of the child, the race or color of the child, the date of the birth, the name of the physician or practitioner of health, in case the birth is attended by a physician or practitioner of health, or should no other person be present at the birth, the name of the person or persons who shall hereafter, and only within the provisions of this section shall be recoverable, be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH. 61577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 3rd
4. Place of Birth, (Street and Number) 820 Columbia Ave
5. Full Name of Mother, Genevieve L. Fisher
6. Mother's Maiden Name, Genevieve L. Meisel
7. Mother's Birthplace, Washington, D. C.
8. Full Name of Father, John Joseph Fisher
9. Father's Occupation, Hardware Clerk
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Sebach
- Address, 735 West Pratt
- Remarks, _____

1 8 9 4 0 0 6 8 9

GIVEN NAME ADDED 7-20-73

RETURN OF A BIRTH. 61578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EMMA LEE ELLA-CHRISTINA DEHN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 3 Dec 1894
 4. Place of Birth, (Street and Number) 1617 Harman's Alley
 5. Full Name of Mother, Ella Dehn
 6. Mother's Maiden Name, Schrybner
 7. Mother's Birthplace, Balto
 8. Full Name of Father, Charles F. Dehn
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs. B. A. Brokes
- Address, 1328 Light St
- Remarks, 1809 W. Mt
- 8940005590

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth (and the date and place of death, if known) of the child, and the name of the practitioner in the form of a certificate between the day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above stated, the child not report or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61579
Statistics Board of Health, Baltimore City.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
 Sex *Male*
 Age *1st*

1. Sex, (state whether male or female).

2. Race or Color. (if not of the white race) Dec 3 1894

3. Date of Birth, Feb 11 1901
(Street and Number) 1101 11th St

4. Place of Birth, (Street and Number) *Hollie Western*

5. Full Name of Mother, M. C. S.

6. Mother's Maiden Name, Sarah Wigan

7. Mother's Birthplace, Adolph Mary

8. Full Name of Father, of the 19 Gable

9. Father's Occupation Barnes
Birthplace New York

10. Father's Birthplace, _____ or other person who
Medical Attendant, _____ makes this Return, _____

Name of Medical Attendant, makes the _____ *P. Wash. Co.*

Address, 18940006691

Remarks, 894000669.1

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 5

1. Sex, (state whether male or female).... *Boy*

2. Race or Color, (if not of the white race) — white

2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 3 1894

3. Date of Birth, Dec 3 1911
4. Place of Birth, (Street and Number) 419 419

4. Place of Birth, (Street and Number) - 1000 1st St. N. W.
5. Full Name of Mother, - Rose Akusu

5. Full Name of Mother, John. J. ...
6. Mother's Maiden Name, Clark

6. Mother's Maiden Name, W. W. W. W. W.
7. Mother's Birthplace, Bahia, Brazil

7. Mother's Birthplace, Madagascar
8. Full Name of Father, Charles Maurice

8. Full Name of Father, Chari M. M. M.
9. Father's Occupation Talar

9. Father's Occupation Salad
10. Father's Birthplace, Pohangmen

Father's Birthplace, Poland
Name of Medical Attendant, Mary Skofits
or other person who makes this Return, W. H. ...

Name of Medical Attendant, or other person who makes this Return. W. H. Spence
W. H. Spence 1/24/26

Address, *W. H. Allen*

Remarks, *8940006692*

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 64581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 4th 1894

4. Place of Birth, (Street and Number) 828 Wisconsin St.

5. Full Name of Mother, Mary E. Vorsteg

6. Mother's Maiden Name, Mary E. Bays

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John B. Vorsteg

9. Father's Occupation, Printer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles W. A. Meyer M.D.

Address, 1019 N. Caroline St.

Remarks, _____

1 8 9 4 0 0 0 6 6 9 3

minors, and shall act as for us the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of the mother, the date and place of birth; and the third day of each month, the full name and occupation of the father, the date and place of birth; and the date and place of birth of the child, shall occur without the attendance of the Commissioner of Health. In case the birth of a child shall occur in the absence of the mother, immediately thereafter it shall be the duty of the person or persons of such child to cause the same to be registered in the office of the Commissioner of Health, in the manner and within the time provided in this section, and to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, the parent or other person be in charge of the child shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 Dec. 1894
4. Place of Birth, (Street and Number) Chapel St. 1003
5. Full Name of Mother, Antonia (Vinscek) Maschaek
6. Mother's Maiden Name, Vinscek
7. Mother's Birthplace, Poland
8. Full Name of Father, Ludwig Maschaek
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Max Kozka
- Address, 207 Bond
- Remarks, 18940006694

RETURN OF A BIRTH.

61583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) by sex, color, the full name and occupation of its mother, date and place of birth; and the date of its birth, and the date of its registration. In case of a child born to a married couple, the name of the father shall be delivered, duly signed by the father, to the Registrar of Vital Statistics, and the name of the mother shall be delivered, duly signed by the mother, to the Registrar of Vital Statistics. In case of a child born to an unmarried couple, the name of the mother shall be delivered, duly signed by the mother, to the Registrar of Vital Statistics, and the name of the father shall be delivered, duly signed by the father, to the Registrar of Vital Statistics. In case of a child born to a married couple, the name of the father shall be delivered, duly signed by the father, to the Registrar of Vital Statistics, and the name of the mother shall be delivered, duly signed by the mother, to the Registrar of Vital Statistics. In case of a child born to an unmarried couple, the name of the mother shall be delivered, duly signed by the mother, to the Registrar of Vital Statistics, and the name of the father shall be delivered, duly signed by the father, to the Registrar of Vital Statistics. In case of a child born to a married couple, the name of the father shall be delivered, duly signed by the father, to the Registrar of Vital Statistics, and the name of the mother shall be delivered, duly signed by the mother, to the Registrar of Vital Statistics. In case of a child born to an unmarried couple, the name of the mother shall be delivered, duly signed by the mother, to the Registrar of Vital Statistics, and the name of the father shall be delivered, duly signed by the father, to the Registrar of Vital Statistics.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 1 Dec 1894

4. Place of Birth, (Street and Number) 1241 William St

5. Full Name of Mother, Sophie Gussman

6. Mother's Maiden Name, Waltz

7. Mother's Birthplace, Germany

8. Full Name of Father, Nicholas Gussman

9. Father's Occupation, Crozier

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs S R Brooks

Address, 1838 Light St

Remarks, Living - Well

1894 0005695

This certificate shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, the practitioner of midwifery shall report the birth of such child to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 4 1894

4. Place of Birth, (Street and Number) Chilman # 2327

5. Full Name of Mother, Maggie Schitdmorichter

6. Mother's Maiden Name, Barnes

7. Mother's Birthplace, Barnes

8. Full Name of Father, Henry Schitdmorichter

9. Father's Occupation, Garber

10. Father's Birthplace, Barnes

Name of Medical Attendant, or other person who makes this Return, George Hopkins

Address, Washington 205

Remarks, 8 9 4 0 0 0 6 6 9 6

61585-

More City.

4th

Female

what

December 4th 1894

St. Bonny's Bel Air

Pharmaceuticals

A. B. Reber

Germany 1 trip in America

Attest: _____

men business

Germany

W. L. Come 3rd

Grindenville

2006

1 8 9 4 0 0 0 6 6 9 7

and schedule shall be delivered, duly signed by the practitioner in attendance, to the Registrar of Vital Statistics, Baltimore City, on or before the first day of each and every month to the office of the Commissioner of Health, in the case of a birth occurring without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or person who shall hereafter fail to comply with the provisions of this section, and be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 4 1894
4. Place of Birth, (Street and Number) Port st 146
5. Full Name of Mother, Annie Bines
6. Mother's Maiden Name, Bones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Bines
9. Father's Occupation, tailor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this return, Harry Hopkins
- Address, 111 Washington st
- Remarks, _____

18940006698

with the child, as the same can be ascertained, the full name of each child, of its sex, color, the date of its birth, of its age, and of its parents, shall be entered in the said certificate, and the same shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health, and the child is not reported to the Commissioner of Health, the child shall be subject to the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 5th, 1894

4. Place of Birth, (Street and Number) 827 Harford Ave

5. Full Name of Mother, Leatham A. Satterfield

6. Mother's Maiden Name, Leatham A. White

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Edward L. Satterfield

9. Father's Occupation, Pack of Crokey Mfg Co

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Wm. B. Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks, 18940003699

been conducted) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of Health, who shall issue a certificate of birth of any child, and shall report the attendance of a physician or practitioner of midwifery, or should no other person be present, the attendance upon the child to report its birth to the Commissioner of Health, who shall in the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd Dec 1894

4. Place of Birth, (Street and Number) 489 E. Lombard St

5. Full Name of Mother, Cecelia Marie Jennings

6. Mother's Maiden Name, Hill

7. Mother's Birthplace, Balto

8. Full Name of Father, Patrick Joseph Jennings

9. Father's Occupation, Green Worker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. S. A. Brooks

Address, 1828 Light St

Remarks, 10 Days Well

6440006700

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the name of the medical attendant, and the name of the person who makes this return. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) -

3. Date of Birth, December 5th/94

4. Place of Birth, (Street and Number) No 2338 Monument St

5. Full Name of Mother, Caroline Ellison

6. Mother's Maiden Name, Loneley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Ellison

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Green

Address, No 1907 E Monument St

Remarks, -

8940006701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female 2nd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec. 6th 1894*
 4. Place of Birth, (Street and Number) *2610 Bruce St.*
 5. Full Name of Mother, *Mrs Chas Young*
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, *India*
 8. Full Name of Father, *Charles Young*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *England*
 Name of Medical Attendant, or other person who makes this Return, *E. Alfred M.*
 Address, *2505 Penna. Ave.*
 Remarks, _____

RETURN OF A BIRTH. 61592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) white

2. Race or Color, (if not of the white race) Boy

3. Date of Birth, Dec 7 1894

4. Place of Birth, (Street and Number) Barnes st 1916

5. Full Name of Mother, Sophia Sisova

6. Mother's Maiden Name, Prokhorat

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Antony Sisova

9. Father's Occupation, Baker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Roberts

Address, W Washington 105

Remarks, 1 6 7 4 0 0 0 5 7 0 4

RETURN OF A BIRTH. 61593 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. 7 Dec 1894

4. Place of Birth, (Street and Number) 28 Barclay St

5. Full Name of Mother. Israh S. Stevens

6. Mother's Maiden Name. Wright

7. Mother's Birthplace. Baltimore

8. Full Name of Father. James Stevens

9. Father's Occupation. Bookbinder

10. Father's Birthplace. Washington Co Md

Name of Medical Attendant, or other person who makes this Return. 1825 Light St

Address. Wm. Mill

Remarks. 18940006705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...6

1. Sex, (state whether male or female).... *Boy*

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 7 1894

4. Place of Birth, (Street and Number) Leichman St 912

5. Full Name of Mother, Amie Gen7

6. Mother's Maiden Name, S. Mreha

7. Mother's Birthplace, Belgium

8. Full Name of Father, Frank Lewis

9. Father's Occupation..... *Teacher*

10. Father's Birthplace, Rehoboth

Name of Medical Attendant, or other person who makes this Return, Mary Smith

Address, *Asbury Park, N.J.*

Remarks, 1 8 9 4 0 0 0 6 7 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 of December 1894

4. Place of Birth, (Street and Number) 1005 Durham st

5. Full Name of Mother, Josefa Prince

6. Mother's Maiden Name, Josefa Belohlavek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, James Prince

9. Father's Occupation, Thailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, Luise Sutor
or other person who makes this return,

Address, 100 Durham st

Remarks, Name of Child, Joseph Andrew Prince

been conferred) its sex, color, the name and occupation of its parents, the name and place of birth, and the date and every month to the office or practitioner in the form of a certificate of birth, and the attendance upon the mother and child, or should no other person be called upon to report the birth, the manner and within the period of time specified in the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, Dec. 8, 1914

4. Place of Birth, (Street and Number) 1725 ^{North} Ave

5. Full Name of Mother, Mrs. Frances Pillar Ignarel

6. Mother's Maiden Name, Miss Miller

7. Mother's Birthplace, St. Louis, Missouri

8. Full Name of Father, John Ignarel

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, C. G. Rush M.D.

Address, 2000 B. Baltimore, Md.

Remarks, Normal delivery

18940006708

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex: (state whether male or female)...

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 6 7 0 9

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, in that case the mother shall become liable to a fine of ten dollars for each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 December
4. Place of Birth, (Street and Number) 126 Little George St
5. Full Name of Mother, _____
6. Mother's Maiden Name, Bertie Rosenberg
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Rosenberg
9. Father's Occupation, Painter
10. Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, _____
- Address, Lincoln Bldg
- Remarks, 111 E Pratt St

18940006710

RETURN OF A BIRTH. 61599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 8 1911

4. Place of Birth, (Street and Number) Pratt St. 860

5. Full Name of Mother, Mary Vainiski

6. Mother's Maiden Name, Vainiskis

7. Mother's Birthplace, Poland

8. Full Name of Father, August Vainiski

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Wroble

Address, 612 Bond St.

Remarks, 18940006711

RETURN OF A BIRTH. 61600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 8th

4. Place of Birth, (Street and Number) Lancaster St 1709

5. Full Name of Mother Lena

6. Mother's Maiden Name, Shebilska

7. Mother's Birthplace, Warsaw

8. Full Name of Father, Poland

9. Father's Occupation, Shebilska

10. Father's Birthplace, Laborer

Name of Medical Attendant, or other person who makes this Return, Poland

Address, Mary Rozko

Remarks, 602 Bond St

5940006712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Colon

3. *Date of Birth.*—

Dec 8^o 1891

4. *Place of Birth, (Street and Number).*

18 West Montgomery St
St. Ch. 2

5. Full Name of Mother,

Karvit A Lee

6. *Mother's Maiden Name.*

Garret A Duffield

7. *Mother's Birthplace,*

Martinsville Ohio

8. *Full Name of Father.*

I speak I see

9. *Father's Occupation.*

Minster

10. *Father's Birthplace.*

Walter L. B.

Name of Medical Attendant, or other person who makes this Return.

or other person who makes this Return. B. Charlotte Williams

Address,

910 Leaden hall st

Remarks.

8 7 4 0 0 0 6 7 1 3

RETURN OF A BIRTH.

61602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 1894*

4. Place of Birth, (Street and Number) *1720 Charles St*

5. Full Name of Mother, *Mary E. Hoff*

6. Mother's Maiden Name, *Loel*

7. Mother's Birthplace, *Frederick*

8. Full Name of Father, *Chas. M. Hoff*

9. Father's Occupation, *Bookkeeper B. & O. R. R.*

10. Father's Birthplace, *Charleston*

Name of Medical Attendant, or other person who makes this Return, *Mrs. E. L. Barchus*

Address, *1828 Light St*

Remarks, *Normal Milk*

1 8 9 4 0 0 0 6 7 1 4

the full name of each child, if any shall have been conferred, his sex, color, the full name and occupation of the father, and the full name and occupation of the mother, and the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, on the third day or within the attendance of a physician or practitioner of medicine, or the day of the person or persons of such attendance upon the mother, immediately after the birth of the child, and the child to report to birth to the Commissioner of Health, in the manner and within the provisions of this section, and any person who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of December 1894
4. Place of Birth, (Street and Number) 1455 Calverton
5. Full Name of Mother, Mrs. Mary Louise Harrison
6. Mother's Maiden Name, Mrs. Mary Louise Parker
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, John Louis Harrison
9. Father's Occupation, Driver
10. Father's Birthplace, Friedrich City Md.
- Name of Medical Attendant, or other person who makes this return, Mrs. Susan Waters 1218
- Address, Bazaar
- Remarks, 18940006715

been conferred, it is a misdemeanor for the practitioner to sign the full name of each child, (if any shall have been conferred), and the date and place of birth, and the date and place of delivery, or should no other person be in attendance upon the birth, the practitioner shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 12/94

4. Place of Birth, (Street and Number)

1508 Honors st -

5. Full Name of Mother,

Kate M. Muthert

6. Mother's Maiden Name,

Kate M. Donibliss

7. Mother's Birthplace,

Adams Co Pa

8. Full Name of Father,

Frederick M. Muthert

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Balto City

Name of Medical Attendant,

or other person who makes this Return.

E. M. Muthert

Address,

407 N. Sharp St

Remarks.

18940006716

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Several

1. Sex, (state whether male or female)

Male

2. *Race or Color.* (if not of the white race).

4.5 mile

3. *Date of Birth,*

1894, 13th of December

4. *Place of Birth, (Street and Number).*

Baltimore, 230 Park Ave

5. Full Name of Mother,

Theresa Foster

6. *Mother's Maiden Name.*

Myers.

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father.*

Cramer Co. Calif.

9. *Father's Occupation.*

Hyper & Lepidocyon

10. *Father's Birthplace,*

Harvard

Name of Medical Attendant, or other person who makes this Return.

or other person who makes this Return Saban Hark

Address.

23rd September 51

Remarks.

1 8 9 4 0 0 0 6 7 1 7

61607

85

Male,

White

December 18th - 1892

2157. Band 21

E. Maloney

11/11/11 Roger

Balto liti

Michael A. Maloney

Clark

Washington D.C.

Jackline Kneuer

or other person who makes this Return.

232 E. Fayette St

1 8 9 4 0 0 0 5 7 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, 4th~~)1. Sex. (~~state whether male or female~~)

2. Race or Color. (~~if not of the~~ white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace*

8. *Full Name of Father,*

9. Father's Occupation...

10. *Father's Birthplace.*

Name of Medical Attendant. or other person who makes this Return.

Address.

Remarks, -

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 15-9-66
RETURN OF A BIRTH.

61609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

EDITH LEE BRANNAN

EDITH LEE DRANNAN
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

White

2. Race or Color, (if not of the white race)

Dec 20/94

3. Date of Birth,

#330

Talso Road

4. Place of Birth, (Street and Number) 1112

Marjorie Brannan

5. *Full Name of Mother,*.....

Marjorie Brannan

6. *Mother's Maiden Name,*

Ind

7. *Mother's Birthplace.*.....

John H. Brannan

8. Full Name of Father,.....
Occupation /

John H. Brannan

9. Father's Occupation. *Teacher*

Ud

10. *Father's Birthplace,*
Name of Medical Attendant

S. Williams M.D.

Name of Medical Attendant.

#244 Laurel St

Address, _____

Remarks, _____ {

8 9 4 0 0 0 6 7 2 1

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH. 61610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6th - 94

4. Place of Birth. (Street and Number) 1223 N. Broadway

5. Full Name of Mother, Mrs. J. C. Leonard

6. Mother's Maiden Name, Moran

7. Mother's Birthplace, South

8. Full Name of Father, Mr. Joseph Leonard

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. A. Parnell, M.D.

Address, 1243 N. Broadway

Remarks, City

18940005722

6/6/11

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 13. December.

4. Place of Birth, (Street and Number) N. 129. Annstreet.

5. Full Name of Mother, Agnes Oldenwurtel.

6. Mother's Maiden Name, Agnes Emmul.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Edwart Oldenwurtel.

9. Father's Occupation, Tailor.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Weiss.

Address, N. 1933. Fairmount. St. C.

Remarks,

8 9 4 0 0 0 5 7 2 4

been conferred) its sex, color, the full name and occupation of its parents, the time and place of birth; and the date of its birth, and the date of its registration. In case the birth of any child is reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

6/16/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 15 1894*

4. Place of Birth, (Street and Number) *Baltimore Ind 443 S Parishes St*

5. Full Name of Mother, *Annie L. Blankner*

6. Mother's Maiden Name, *Donner*

7. Mother's Birthplace, *Baltimore Ind*

8. Full Name of Father, *William B. Blankner*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore Ind*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary Francis*

Address, *414 S Stricker St Baltimore Ind*

Remarks, *Mother and Child are doing well*

18940006725

RETURN OF A BIRTH. 61614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 15th 1894

4. Place of Birth, (Street and Number) 802 W. Pratt St.

5. Full Name of Mother, Kate McIntyre

6. Mother's Maiden Name, Kate McEvoy

7. Mother's Birthplace, New York City

8. Full Name of Father, Joseph P. McIntyre

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Joseph P. McEvoy, M.D.

Address, 1045 W. Bay View St.

Remarks, L. P. 24

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)---

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 7 2 7

6/6/6.

6-

6-

- 6-

Wm. J. C. Dulany Co., City Printers and Stationers.

61617

[illegible]

5.

male

White

16 Dec. 1894.

16 Dec. 1941.
410 Sanders. st

Magelaru Fortmann

Magelane Walter

Balto.

Genard Fortman

workman
P. 15

Balto.

Carolina Schwarz

434 Fort ave

1000

RETURN OF A BIRTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) _____ *Female*

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 17-94

4. Place of Birth. (Street and Number) Richardson St. 1111
Hawesville

5. Full Name of Mother, Jessie Elizabeth
W. Cragg

6. Mother's Maiden Name, McGregor

6. Mother's Maiden Name, Glasgow - Scotland
7. Mother's Birthplace, St. John's - Newell

7. Mother's Birthplace, I Robert e. Hase well
8. Full Name of Father, Paul Hase

8. Full Name of Father, _____
9. Father's Occupation, Boiler maker

9. Father's Occupation, _____
10. Father's Birthplace, _____

10. Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this return, _____
Johanna Jonsen
Cannett St 1363

Address,

Remarks, 1 8 9 4 0 0 0 6 7 3 0

[illegible]

RETURN OF A BIRTH. 61619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 17 1894

4. Place of Birth, (Street and Number) Baltimore Ind 1838 Dover St

5. Full Name of Mother, Call Hanks

6. Mother's Maiden Name, Breamer

7. Mother's Birthplace, Baltimore Ind

8. Full Name of Father, John Hanks

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Ind

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Gramma

Address, 414 S Stricker St Baltimore Ind

Remarks, Mother and Child are doing well

1894000673-1

been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the date of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, the attending physician, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred in sex, color, the full name and occupation of its parents, the date and place of its birth, the date of its first and third day of each and every month to a physician or practitioner of midwifery, or should no other person be in the city of Baltimore, the mother, immediately thereafter, it shall become the duty of the mother to report its birth to the Commissioner of Health, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

Colored

3. Date of Birth,

Dec. 18 94

4. Place of Birth, (Street and Number)

1030 McCulloh St

5. Full Name of Mother,

Narcissa Allen

6. Mother's Maiden Name,

Narcissa Harris

7. Mother's Birthplace,

North Carolina

8. Full Name of Father,

James Allen

9. Father's Occupation,

Vender of Medicine

10. Father's Birthplace,

Caroline Co. Md.

Name of Medical Attendant, or other person who makes this Return,

Dr. Black M. D.

Address,

1030 McCulloh St.

Remarks,

18940006732

month, and shall set forth as far as the same can be ascertained, the date, time, place, sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, and the date of its registration. In case the birth of any child is reported to the office of the Commissioner of Health, in the manner and within the period above required, and the provisions of this section shall be subject to the fine of ten (\$10) dollars for each child, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19 of Decr*
4. Place of Birth, (Street and Number) *1721 Brent St*
5. Full Name of Mother, *Mary esmen*
6. Mother's Maiden Name, *Mary amoschke*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Robert esmen*
9. Father's Occupation, *Boiler maker*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Miss Hanley*
Address, *1635 Walsh St*
Remarks, *167400533*

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conceived, its sex, color, the full name and address of the person to whom it shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the assistance of a physician or practitioner of medicine or midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child the person so attending the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 6/622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec. 19th 1911

4. Place of Birth (Street and Number),

834 E. Preston St.

5. Full Name of Mother,

Mrs Margaret Wiedefeld

6. Mother's Maiden Name,

Sullivan

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Henry Wiedefeld

9. Father's Occupation,

Undertaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

J. B. Boyle

Address,

Remarks,

5940006734

RETURN OF A BIRTH. 61623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. Dec. 20/94

4. Place of Birth, (Street and Number) 2615 W. Franklin St.

5. Full Name of Mother. Mrs. Wm Brown

6. Mother's Maiden Name. Mary Kelley

7. Mother's Birthplace. Balto. Co. Md.

8. Full Name of Father. Wm Brown

9. Father's Occupation. Farmer

10. Father's Birthplace. California

Name of Medical Attendant, or other person who makes this Return. E. A. Smith, M.D.

Address. 2505 Cornelia St.

Remarks, 18940006235

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall be born), the sex, color, the full name and occupation of the mother, the date and place of birth; and the day of each and every birth, and the name of the practitioner in the form of a certificate, and the name of the person, immediately thereafter, it shall become and within the provisions of this section required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Dec. 3/94*

4. Place of Birth, (Street and Number) *1729 N. Caroline*

5. Full Name of Mother, *Engenia C. Luman*

6. Mother's Maiden Name, *" " Brooks*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *Alvin S. Luman*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other person who makes this Return, *Geo. L. Williams*

Address, *6 N. Broadway*

Remarks, *18940006736*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 3rd 94*

4. Place of Birth, (Street and Number) *223 S. Greene St.*

5. Full Name of Mother, *Martha Katchergis*

6. Mother's Maiden Name, *Martha Dambroski*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Anton Katchergis*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, *Ida Collock M. D.*
or other person who makes this Return, *M. Cullod St.*

Address, *1030*

Remarks, *6940005737*

RETURN OF A BIRTH. 61826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 3 December 1894
 4. Place of Birth, (Street and Number) George town Balto
 5. Full Name of Mother, Maggie Kouski
 6. Mother's Maiden Name, Hoffman
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Christ H. Kouski
 9. Father's Occupation, Beer Brewery
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Briggs
 Address, 1666 N. Chester
 Remarks, 8940005738

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

23 2d. &c.) 1 2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

23 (a) X 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

X 2
female white

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

1. Sex. (state whether male or female) Male

2. Race or Color. (if not of the white race) 2 December 1911
Barto Hell street No 1

3. Date of Birth,

3. Date of Birth, March 11, 1901
4. Place of Birth, (Street and Number) Elisabeth Keller
Keller

5. Full Name of Mother, _____

6. Mother's Maiden Name,

7. Mother's Birthplace, ..

8. Full Name of Father,

9. *Father's Occupation,*

10. Father's Birthplace, Medical At

Name of Medical Attendant,

Address,

Remarks,

or other person who makes this Return.

~~1 8 9 4 0 0 0 6 7 3 9~~

Wm J. C. Dulany Co., City Printers and Stationers.

No

- 1.
- 2.
- 3.
- 4.

6/628

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

61629

RETURN OF

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

REYNOLDS

To the Office of Registrar of Probate
NAME: MAE REYNOLDS
Please indicate whether 1st, 2d, 3d, &c.)

NAME: MAE
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

L. M. Child

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race). *See*

white

3. *Date of Birth,*

ite race) Dec 6th

4. Place of Birth, (Street and Number)

Post. St. Louis St. Bath

5. Full Name of Mother, _____

Katie Reynolds

6. *Mother's Maiden Name,*

Katie Bennett

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

H. C. Reynolds

9. *Father's Occupation.*

Locomotive Trossman

10. *Father's Birthplace,*

Bathmore

Name of Medical Attendant, or other person who makes this Return,

Mrs Bangs

Address,

711 N. Broad St

Remarks,

6 9 4 0 0 0 6 7 4 1

[illegible]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the sign attesting shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second child born to the mother. If the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if it be found that such report has not been made, the person or persons so found guilty shall be liable to be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 6 1894

4. Place of Birth, (Street and Number) 1005 Burgundy St

5. Full Name of Mother, Mina Mahn

6. Mother's Maiden Name, Mina Denninger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Linther Herman Mahn

9. Father's Occupation, Furniture remover

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Poange

Address, 711 N. Broad St.

Remarks, 18940006742

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother, Katarina Mark
Tag

6. Mother's Maiden Name, 1888

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, _____ + 6 9 4 U O O S 7 4 3

Win J. C. Dulany Co., City Printers and Stationers.

61632

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

名

Female

W. H. C.

Dec 7

Number) 112 W Dean

Number) 11-2-1
Kate Korshen

Kate Perry

Baltimore

Israel B. Karcher

Labour

Baltimore

Amie M. Polie

attendant, or other person who makes this Return.

216 Hanover St

1 8 9 4 0 0 0 6 7 4 4

Remarks,

[illegible]

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery, shall be delivered, duly signed by the parent or guardian, to the Registrar of Health, on the first and third day of the month following the birth of the child. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, he shall become the Registrar of Health, and shall be bound to report the birth to the Commissioner of Health, and to the Registrar of Health, within the period above required, and any person who fails to do so, after full compliance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-5-60 61633
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Paul ~~=====~~ Doss
4d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 9th 1894
4. Place of Birth, (Street and Number) 1327 South Thayer Street
5. Full Name of Mother, Flossie Augusta Doss
6. Mother's Maiden Name, " Naecke
7. Mother's Birthplace, Germany
8. Full Name of Father, John Henry Doss
9. Father's Occupation, Slater
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Bange

Address,

711 W. Cross St

Remarks,

6940006745

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 or female yes

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *Dec 9*

3. Date of Birth, ... 11/18/1918

4. Place of Birth, (Street and Number) 1118 Ave. B
Flora B. York

5. Full Name of Mother, *Plata*

6. Mother's Maiden Name, Pennary Coana

7. Mother's Birthplace, Mass. Byn

8. Full Name of Father, *Arriero*

9. Father's Occupation, *Baller*

10. Father's Birthplace, _____ or other person who *Mrs Bange*

Name of Medical Attendant, or other person making this Return, 711 W. 62nd St

Address,

Remarks,

0 7 4 0 0 0 6 7 4 6

RETURN OF A BIRTH. 61635-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 10th December 1894
 4. Place of Birth, (Street and Number) 1610 S. Wolfe St.
 5. Full Name of Mother, Josie Link
 6. Mother's Maiden Name, " Bruns
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Fred Link
 9. Father's Occupation, Gunter
 10. Father's Birthplace, Baltimore Md.
 Name of Medical Attendant, Mrs Bruns, or other person who makes this Return.
 Address, 1610 S. Chester St.
 Remarks, 10940005747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored
3. Date of Birth, December 12 1899

4. Place of Birth. (Street and Number) 2401 18th Street
Durham

6. Mother's Maiden Name, Mrs. M. M. M.

7. Mother's Birthplace..... John Durham

9. Father's Occupation.....
Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address,

Remarks, _____

Wm. J. C. Bulsby

Health, and shall receive the same as if the same can be ascertained the full name of each child if any shall have been conferred) its sex, color, date and place of birth: and the said certificate shall be delivered, duly signed by the practitioner in the form of the following certificate, to the Registrar of Births, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of the child, the physician or practitioner of midwifery, or the person or persons be in attendance upon the birth of the child, shall be liable to the provisions of this section shall be, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th of Dec
4. Place of Birth, (Street and Number) Baltimore 417. Constance st
5. Full Name of Mother, Catherine Agnes Murray
6. Mother's Maiden Name, Irish
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Francis Murray
9. Father's Occupation, Watchman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs C Jones
- Address, 509. Longview alley
- Remarks, _____

18940006749

monthly, and shall act forth as far as the same can be ascertained the full name of each child, if any shall have been conferred his sex, color, the full name and occupation of the mother, and the date of the birth of the child, and shall file of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the birth of the child shall be reported to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-16-57
RETURN OF A BIRTH. 61638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Reed

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13th Dec. 1894
4. Place of Birth, (Street and Number) Balto. Burgundy 1017
5. Full Name of Mother, Caroline E. Reed
6. Mother's Maiden Name, Caroline E. Dick
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Reed
9. Father's Occupation, Glass Worker
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return.

Mrs Bange

Address,

711. Bross St

Remarks,

18940006750

RETURN OF A BIRTH. 61639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 13 - 1894*

4. Place of Birth, (Street and Number) *#1305 Patapsco St*

5. Full Name of Mother, *Minnie Nagle*

6. Mother's Maiden Name, *Hinkell*

7. Mother's Birthplace, *Balto. Md*

8. Full Name of Father, *John Nagle*

9. Father's Occupation, *Boxmaking*

10. Father's Birthplace, *Balto. Md*

Name of Medical Attendant, or other person who makes this Return, *Mrs Bange*

Address, *711 W. Cross St*

Remarks, *16940005751*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18940005752

RETURN OF A BIRTH. 61641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 1st

1. Sex, (state whether male or female) - female

2. Race or Color, (if not of the white race) - white

3. Date of Birth, - Decem ber, 14th 1894

4. Place of Birth, (Street and Number) - Carroll St

5. Full Name of Mother, - Estella Steinwedel

6. Mother's Maiden Name, - Estella Woody

7. Mother's Birthplace, - Baltimore

8. Full Name of Father, - William Steinwedel

9. Father's Occupation, - Labour

10. Father's Birthplace, - Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, - 10940004753

RETURN OF A BIRTH. 61642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 14th 1894
4. Place of Birth, (Street and Number) 328 Chd. Ave. (Annapolis Road) Westport, Balto. County
5. Full Name of Mother, Kate Bell Lawson-hend Monroe
6. Mother's Maiden Name, Kate Bell Lawson-hend
7. Mother's Birthplace, Prince Geo's County Md.
8. Full Name of Father, Samuel Robert Monroe
9. Father's Occupation, Property Agent
10. Father's Birthplace, Prince George's County Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Bangs
- Address, 711 W. 6000 St
- Remarks, 1 6 9 4 0 0 0 6 7 5 4

RETURN OF A BIRTH. 61643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 15th December 1894
 4. Place of Birth, (Street and Number) 1138 St. Charles
 5. Full Name of Mother, Annie Maskell
 6. Mother's Maiden Name, " Sharps
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Thomas Maskell
 9. Father's Occupation, clerk
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, Mrs. Brown
 Address, 1600 St. Charles
 Remarks, 18940006755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

61644

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 December 1894

4. Place of Birth, (Street and Number) St. Register St.

5. Full Name of Mother, Maggie Shafer

6. Mother's Maiden Name, Bush

7. Mother's Birthplace, Germany

8. Full Name of Father, Reinhardt Shafer

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs J. Brown

Address, 1600 S. Schuster St.

Remarks, 1894006756

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Francis E. Totney 2d.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

- No. of Child of Mother, _____
1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, December 17th - 1894
4. Place of Birth, (Street and Number) 2206 N. Dixie Hill av -
5. Full Name of Mother, Mary A. Loney -
6. Mother's Maiden Name, Heister -
7. Mother's Birthplace, Balti. City -
8. Full Name of Father, Francis E. Loney -
9. Father's Occupation, Architect -
10. Father's Birthplace, Balti. City -
- Name of Medical Attendant, R. H. Goldsmith, M.D.
or other person who makes this Return. Hester av. K. Alphonse
- Address, _____
- Remarks, _____
- 8920003757

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the child, the sex, the date and place of birth; and the name of the mother, the name of the father, the name of the physician, the name of the midwife, the name of the nurse, the name of the attendant, the name of the person who shall become the duty of the person or persons of such attendance upon a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 17. December 1894

4. Place of Birth, (Street and Number) 104 N. Calles, St.

5. Full Name of Mother, Laura Jane Goldsborough

6. Mother's Maiden Name, Laura Jane Boone

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Franklin Goldsborough

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis Street

Remarks, Living well.

8 9 4 0 0 0 6 7 5 8

RETURN OF A BIRTH 61647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), (Yellow & brown skin)

3. Date of Birth, 17 Oct 1922

4. Place of Birth (Street and Number), *4 Delaney St. Ste. 616*

5. Full Name of Mother, Elizabeth Roberts

6. Mother's Maiden Name, *Stephen England*

7. Mother's Birthplace, *Washington, D.C.*

8. Full Name of Father, Thomas Adams

9. Father's Occupation, *Cyther Machine*

10. Father's Birthplace, *Bellamy Md.*

Name of Medical Attendant, or other person who makes this Return. James H. [illegible]

Address, 711 Noble Street

Remarks, *1000*

4 8 9 4 0 0 0 5 7 5 9

[illegible]

that if, when such birth is so far on the water, as to be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the mother, the date and place of birth, and the third day of each and every child, shall be duly signed by the practitioner in the form here provided. In case the birth of the first and second child of a woman shall occur without the attendance of a physician, the mother, immediately thereafter, or should no other person be present, the mother, immediately thereafter, shall sign the certificate, and shall be liable to the same penalties as any such person or persons who fail to comply with the provisions of this section. Required, and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 18, 1894
4. Place of Birth, (Street and Number) 123 S. Chapel Street
5. Full Name of Mother, Willy Hatteto
6. Mother's Maiden Name, J. Phillips
7. Mother's Birthplace, Accomack Virginia
8. Full Name of Father, William Hatteto
9. Father's Occupation, Labor
10. Father's Birthplace, Accomack Virginia
- Name of Medical Attendant, or other person who makes this Return, Susan Hatteto
- Address, 123 N. Durham St.
- Remarks, 6940006760

RETURN OF A BIRTH. 61649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 9 4 0 0 0 6 7 6 1

RETURN OF A BIRTH. 6652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec 2/1894*
 4. Place of Birth, (Street and Number) *1823 Light St. Bal*
 5. Full Name of Mother, *Ernestina Baker*
 6. Mother's Maiden Name, *Ernestina Bean*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Henry Baker*
 9. Father's Occupation, *Lab*
 10. Father's Birthplace, *German*
 Name of Medical Attendant, or other person who makes this return, *E Donaldson*
 Address, *1811 Westphall place*
 Remarks, *The child is doing well but Mother is suffering from Caus*

month, and shall set forth as far as the same may be ascertained, the full name of each child, (if any shall have been conceived or born) the date and place of birth; race and color; age; sex; the name and occupation of the parent or parents; the name and occupation of the practitioner in whose office the child shall be delivered; duly signed by the practitioner in their office of birth, and the date of birth of any child born on the first day of each and every month to a physician or practitioner of midwifery, or should no other name of such child occur upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the mother, and shall be liable to comply with the provisions and forfeitures are recoverable, and shall be liable to the fine of ten (10) dollars for each offense, to be recovered as provided in the provisions herein set forth to the tune of ten (10) dollars for each offense, to be recovered as provided in the provisions herein set forth.

GIVEN NAME ADDED 3-4-59

RETURN OF A BIRTH.

61653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Selzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

C. E. Child

Female

White

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. Date of Birth, December 21, 1907

4. Place of Birth, (Street and Number). # 21 W. 17th St. New York City

5. Full Name of Mother, Lena C. Jones

6. *Mother's Maiden Name,*

7. Mother's Birthplace, *Dee & Gd*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Mrs. Lena Barber

Address.

#41 C. York St. & B. Alta

Remarks,

1 8 9 4 0 0 0 3 7 6 5

61654

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

1. Sex, (state whether male or female). *White*
2. Race or Color, (if not of the white race) *December 22nd 1894*
3. Date of Birth, *1737. Clive. St*
4. Place of Birth. (Street and Number) *Rosa. Smith*
5. Full Name of Mother, *Rosa. Kersey*
6. Mother's Maiden Name, *Germanu*
7. Mother's Birthplace, *William. Smith*
8. Full Name of Father, *Labor*
9. Father's Occupation, *Clive. York*
10. Father's Birthplace, *Ellenora. A. Anderson*
- Name of Medical Attendant, *1434. Patupsee. St*
- Address, _____
- Remarks, _____
- 15940006766

Wm J C. Dulany Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61655

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth 22 Dec 1874

4. Place of Birth (Street and Number) 756 Vincent alley

5. Full Name of Mother Francis Gray

6. Mother's Maiden Name Braeton

7. Mother's Birthplace Essex Co. Va

8. Full Name of Father James Gray

9. Father's Occupation Storekeeper

10. Father's Birthplace King William Co. Va

Name of Medical Attendant, or other Person who makes this Return. Dr. J. C. Jones

Address 1121 Sanson St

Remarks

8940005767

RETURN OF A BIRTH. 6/656
 WITH NAME ADDED 6-24-65 to Baltimore City

RETURN OF
GIVEN NAME ADDED 6-24-66
To the, Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
n Rosoloz

Name: Andrew 7 Reseller

Name: Andrew
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

- No. of Child of Mother, (state whether ~~male~~ ^{male})
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 22 nd 1894
4. Place of Birth, (Street and Number) No 4 Sandecker Lane
5. Full Name of Mother, Katie Bessler
6. Mother's Maiden Name, Katie Volinsky
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Bessler
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
- Is there any other person who

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks, 18940006768

Wm. J. C. Dulany Co., City Printers and Stationers

61658

birth. An schedule shall contain a list of the birth which have occurred under his care during the month, and shall set forth as far as the same can be ascertained the full name, under which the child conferred his sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the doctor or the practitioner in the form of a certificate between the first and third day of each and every month to officers of the health department. No birth shall occur without the attendance of a physician or practitioner of midwifery, or otherwise, and the attendance upon the mother immediately thereafter. It shall become the duty of the parents or parents of any such person or persons who shall hereafter fail to comply with the law within the period above required, and any such person or persons who shall hereafter fail to comply with the law, shall be liable to the punishment to the fine of ten (\$10) dollar, each such offense, to be recovered as other laws and for violating the same.

5-

Female

England

24

1944-1945

George Adams

[Handwritten signature]

Wm Banks

Labour

Bolt-Litty

or other person who makes this Return.

1324 Brock. 11-

1 8 9 4 0 0 0 6 7 6 9

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall become the duty of the person or persons of such child to its birth, to immediately report the birth of such child to the office of the Commissioner of Health, in the case of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6/658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, *April 25th 1894*

4. Place of Birth, (Street and Number) *828 W. Pratt St*

5. Full Name of Mother, *Mina Trish*

6. Mother's Maiden Name, *Mina Trish*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Trish*

9. Father's Occupation, *Shoe Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Hays, M.D.*

Address, *662 W. Washington St*

Remarks, *0 8 4 0 0 0 6 7 7 0*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Grace Daphne Jones*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec. 12th 1894.*

4. Place of Birth, (Street and Number) *215 E. Montgomery St.*

5. Full Name of Mother, *Emma S. Jones.*

6. Mother's Maiden Name, *Shenkles.*

7. Mother's Birthplace, *Balto. City.*

8. Full Name of Father, *Mr. G. Jones.*

9. Father's Occupation, *Oyster-Packer.*

10. Father's Birthplace, *Balto. City, Md.*

Name of Medical Attendant, or other person who makes this Return, *R. J. W. Tall, M.D.*

Address, *524 Sharp St.*

Remarks, *13740005771*

(1660)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

201

Male

Colonel

Dec 20 - 94

574 H. O. Franklin

Clairmont, 4/1/23

1.

Harvard

Edward L. Connelley

~~Sp. ac. m. n. l.~~

Virginica

or other person who makes this Return, Mr. D. C. Lawrence

810 Madison Ave. Ct.

1 8 9 4 0 0 0 6 7 7 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-----

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*—

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, _____

Address,-
Remarks,

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other person who
makes this Return.

Address.

Remarks,

RETURN OF A BIRTH. 6663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex. (state whether male or female)...

Kenial

2. Race or Color, (if not of the white race) —

white

3. *Date of Birth,*

December 21st. 1894

4. *Place of Birth, (Street and Number).*

1028 Valley St.

5. Full Name of Mother,

Mary Volgren

• 6. *Mother's Maiden Name,*

May Freckell

7. *Mother's Birthplace,*

Virginia

8. *Full Name of Father,*

Charles Foreman

9. *Father's Occupation.*

Salem

10. *Father's Birthplace,*

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Wibner Britton, M.D.

Address.

S. W. Co., Leabert & Denton

Remarks,

1 6 9 4 0 0 0 3 7 7 5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20th December

4. Place of Birth: (Street and Number) 832 Lemon st

5. Full Name of Mother, Ellen M^c Auliffe

6. Mother's Maiden Name, Ellen Fitzgerald

7. Mother's Birthplace, Ireland

8. Full Name of Father, Dennis M^c Auliffe

9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Seabaugh

Address, Mrs Lebach 735 Pratt st

Remarks, _____

8940006777

[illegible]

RETURN OF A BIRTH.

For the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of George Sacks (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color White

2. Race or Color, (if not of the white race) Br

3. Date of Birth, _____
4. Place of Birth. (Street and Number) _____
5. Full Name of Mother, _____

5. Full Name of Mother, 775 W Pratt St

6. Mother's Maiden Name, Mary Sachs
7. Mother's Birthplace, " Rudolph
8. Full Name of Father, George

8. Full Name of Father, *Germany*
9. Father's Occupation, *Charles Sachs*

10. Father's Birthplace, Candy Kitchen
Name of Mother, [illegible]

Name of Medical Attendant, or other person who makes this Return

Address, _____
Remarks, _____

Remarks, *Angle*
71.8
 169400067782228

RETURN OF A BIRTH. 61667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 21st 1894.
 4. Place of Birth, (Street and Number) #2615 Eastern Ave.
 5. Full Name of Mother, Caroline Leadell
 6. Mother's Maiden Name, Caroline Wilner
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Thomas Leadell
 9. Father's Occupation, Commission Merchant
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor
 Address, #615 S. Patterson Pl. A.C.
 Remarks, 18940006779

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Dec 22nd*
4. Place of Birth (Street and Number) *1404 Russell St.*
5. Full Name of Mother *Lillian M. Clark*
6. Mother's Maiden Name *Lillian M. Clark*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. H. Clark*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this return *Wm. H. Clark*
Address *1404 Russell St.*
Remarks *Wm. H. Clark 0005780*

RETURN OF A BIRTH. 61669
 Registration Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

8 White

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____, or other person who makes this Return, _____

Name of Medical Attendant, makes and
Address, 414 S. Straker St. Baltimore, Md.
17th St. and Child Ave. den

Address, _____
Remarks, _____

Mother and Son

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the full name and occupation of its mother, and in the form of a certificate between the first and third day of each month, duly signed and attested by the Registrar of Vital Statistics, or other person in his stead, and shall be filed in the office of the Commissioner of Health. In case the Registrar of Vital Statistics, or other person in his stead, shall fail to comply with the provisions of this act, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23 of Dec 1894*

4. Place of Birth, (Street and Number) *Baltimore and 113 Carlton St*

5. Full Name of Mother, *Emile Soth*

6. Mother's Maiden Name, *Musweek*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *August Soth*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary Kramm*

Address, *4148 Stricker St Baltimore Md*

Remarks, *Mother and Child are doing well*

18940003782

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Persis Gray Third -
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female -
1. Sex, (state whether male or female) White -
2. Race or Color, (if not of the white race) December 23, 1894.
3. Date of Birth, 815 N. Calhoun st.
4. Place of Birth, (Street and Number) Charlotte Me. Gray -
5. Full Name of Mother, McKie -
6. Mother's Maiden Name, Prince Edward's Island -
7. Mother's Birthplace, Franklin B. Gray -
8. Full Name of Father, Telegraphing -
9. Father's Occupation, Swampscott, Mass.
10. Father's Birthplace, E. H. Holtbrook, Mead
Name of Medical Attendant, or other person who makes this Return, 714 N. Carey st.
Address, 189 0000 783
Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the day of the month and year of its birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance, the name of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the time provided in this section shall be submitted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

6/6/92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 25th 1894

4. Place of Birth, (Street and Number)

229 E. Hamburg St

5. Full Name of Mother,

Helene v. Lewis

6. Mother's Maiden Name,

Helene v. Kirwin

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John W. Lewis

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Ellenora A. Anderson

Address,

1434 Rutledge St

Remarks,

16940006784

RETURN OF A BIRTH. 61673

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 (state whether Male or Female) *Female*
 Race or Color (if not of the white race) *White*
 Date of Birth *Nov 25-4*
 Place of Birth (Street and Number) *23 St Barn St*
 Full Name of Mother *Marion C Hill*
 Mother's Maiden Name *Marion C Williams*
 Mother's Birthplace *Washington*
 Full Name of Father *Robert H Hill*
 Father's Occupation *Writer*
 Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *Wm R. Brindley*
 Address *815 Jackson St*
 Remarks *1 8 9 4 0 0 6 7 8 5*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11674

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth December 5, 1894
4. Place of Birth (Street and Number) 728 Vincent St
5. Full Name of Mother Annie Matthews
6. Mother's Maiden Name Annie Matthews
7. Mother's Birthplace Quincy Co
8. Full Name of Father Edward Matthews
9. Father's Occupation Porter
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. May C. Reed
- Address 412 Saratoga Street
- Remarks

8440005786

61695-

[illegible]*ix*

female

White

16 Dezember 1894

768 W Lexington St

Lenora Mary E. Wilkins

Lena vander Korf

Baltimore

Henry E. Wilkins

Merchant

Baltimore

St. Meinrad

Mr W Madison St

1 8 9 4 0 0 0 6 7 8 7

RETURN OF A BIRTH. 61676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, _____

Remarks,

Win J. C. Dulany Co., City Printers and Stationers.

61697

[illegible]

5-

female

Colored

Dec 16 th

947 C Kappel 21

Jennie Bailey

Jennie Cameron

Baltimore

Nathaniel Bailey

Laborer

Baltimore

See Maria Wright

1018 North Wolfe street

8 9 4 0 0 0 5 7 8 9

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Three

Male

White

18 December

912 Burgundy Street

Maggie Weaver

Maggie Burns

Saint Louis

John Weaver

Laborer

Baltimore Md

Wm Gange

717 N. Broadway

8940006791

month, and shall set forth as far as the same can be ascertained the full name, sex, color, date and place of birth; and the
 been conferred) its sex, color, the full name, date and place of birth; and the
 third day of each and every month to the office of the Commissioner of Health.
 shall occur without the attendance of a physician or the presence of the Commissioner of Health.
 attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and
 any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable.

RETURN OF A BIRTH.

64680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 18th 1894

4. Place of Birth. (Street and Number) 1115 Stenett St.

5. Full Name of Mother, Maggie Mathias

6. Mother's Maiden Name, Maggie Rollers

7. Mother's Birthplace, Ohio

8. Full Name of Father, August Mathias

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. B. St

Remarks, 5440005792

Meanth. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the name can be ascertained the full name of each child, the sex, color, the full name and occupation of its parents, the date and place of birth; and the date of registration. It shall be the duty of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, to report the birth of any child occurring within the month, immediately thereafter if it shall become the duty of the person or persons of such child to report its birth. Any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Blanche Gertrude Stahl
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 18th 1894
4. Place of Birth, (Street and Number) 847. Lemon St
5. Full Name of Mother, Annie Virginia Stahl
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, William Henry Stahl
9. Father's Occupation, pipe moulder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

8940006793

RETURN OF A BIRTH.

61682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
Sex whether Male or Female Female
Color (if not of the white race) White
Date of Birth 18 December 1894
Place of Birth (Street and Number) 1920 Mt Royal Hill
Name of Mother Mrs Lizzie Tarnes
Maiden Name Miss Lizzie Semon
Birthplace Lancaster, Pa
Name of Father William Tarnes
Occupation Black Smith
Birthplace Lancaster, Pa
Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Kirby
1913- Mt Royal Hill

18940006794

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 15 1894

4. Place of Birth, (Street and Number) 1141 Pennsylvania St.

5. Full Name of Mother, James L. L.

6. Mother's Maiden Name, Ann L. L.

7. Mother's Birthplace, Portsmouth, N.H.

8. Full Name of Father, P. H. L. L.

9. Father's Occupation, Engineer

10. Father's Birthplace, Mass.

Name of Medical Attendant, Dr. B. B. L. or other person who makes this Return.

Address, 1141 Pennsylvania St.

Remarks, 18940006795

79-6
Filed: 1894

any at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 61685-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *C. Ch. C.*

3. Date of Birth, *Aug. 16, 1891*

4. Place of Birth, (Street and Number) *1113 E. Preston St.*

5. Full Name of Mother, *Cora Ely M. Carley*

6. Mother's Maiden Name, *Chenoweth*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jas. Jackson Carley*

9. Father's Occupation, *Attorney at Law*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. A. Hartman M.D.*

Address, *1121 N. Caroline St.*

Remarks, _____

6940006797

RETURN OF A BIRTH 61686

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Persons at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8940006798

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 12, 1871

4. Place of Birth, (Street and Number) 1421 1/2 St. N. S.W.

5. Full Name of Mother, _____

6. *Mother's Maiden Name,* _____

7. Mother's Birthplace, La Grange, Ill.

8. Full Name of Father, John A. Smith

9. Father's Occupation..... Ice Merchant

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1600 East 27th St.

Remarks.

1 2 3 4 5 6 7 8 9

RETURN OF A BIRTH. 6/6/98

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 10th 1894*

4. Place of Birth, (Street and Number) *117 1/2 Ave. 4 near St. Baltimore*

5. Full Name of Mother, *Catharine Lewis*

6. Mother's Maiden Name, *Catharine Lewis*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *George Lewis*

9. Father's Occupation, *Lawyer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, *Dr. M. T. White* or other person who makes this Return.

Address, *1600 E. Lombard St*

Remarks, *154 1/2 1100 3000*

[illegible]

entries at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: *Esther Stevens*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth,

Sept. 11, 1894

4. Place of Birth, (Street and Number) ..

1431 E. Hancock St.

5. Full Name of Mother,

Minnie Herbert Stevens

6. Mother's Maiden Name,

Herbert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. H. Stevens

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return

Dr. A. Hartman, M.D.

Address,

1121 W. Caroline St.

Remarks,

5940003801

registrar of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under its control, care during the month, and shall be set forth in the following order: First, the date and place of birth, and the sex, race or color, the full name and occupation of its parents, the date and place of birth, and the date of the birth of the child, and the date of the birth of any child born to the same mother within the month. The birth of any child shall occur without the attendance of a physician, and the mother shall be liable to pay a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 19

4. Place of Birth, (Street and Number) Peach alley No 9

5. Full Name of Mother, Lilly Spence

6. Mother's Maiden Name, Lilly Parmer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Luis Parmer

9. Father's Occupation, labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return, raprat Jane Wilson

Address, No 124 west Gray st

Remarks, full 9 months

5940005802

RETURN OF A BIRTH. 61692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

0 9 4 0 0 0 6 8 0 4

RETURN OF A BIRTH

64694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 15, 1894*
4. Place of Birth, (Street and Number) *429 N. Gay St.*
5. Full Name of Mother, *Rosa Helen Reynolds*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Dach. Ind.*
8. Full Name of Father, *Harry J. Reynolds*
9. Father's Occupation, *Provision Dealer*
10. Father's Birthplace, *Dach. Ind.*
Name of Medical Attendant, or other Person who makes this Return *Dr. A. Hartman*
Address, *1121 N. Caroline St.*
Remarks, *5740085806*

61697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3 Date of Birth, 16 Dec 1894

4. Place of Birth, (Street and Number) 909 Mellon Place

5. Full Name of Mother, Henrietta C. Lane

6. Mother's Maiden Name, James

7. Mother's Birthplace, New York

S. Full Name of Father, Casimir Bohan

9. Father's Occupation, *Gasoline Pumping*

10. Father's Birthplace, Germany

Name of Medicat Attendant, or other person who makes this Return. E. J. [Signature]

Address, 2 Williams St.

Remarks, 1 8 9 4 0 0 0 5 8 0 9

61698

[illegible]

8

Female

White

Dec 1894

119 Spring St.

Cassius Loring

Bookley

Russian

Benzoni Henry

Trails

Russia

E. Sherman

H. K. Allen

1 6 7 4 0 0 0 6 8 1 0

RETURN OF A BIRTH. 61699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, ... 18 Dec 1894

3. Date of Birth, ... 11/16/1898

4. Place of Birth, (Street and Number) ... 1116 E. Fayette St.

5. Full Name of Mother, Sara Greenberg

6. Mother's Maiden Name, Jacobsen

7. Mother's Birthplace, Russia

8. Full Name of Father, David Greenberg

9. Father's Occupation, Big game hunter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Name of Merchant, *Albion*, makes this Return,
Address, *72 Albemarle St.*

Address, _____
Remarks, _____ 1 5 7 4 0 0 5 8 1 1

been conferred, its sex, color, the full name of its parents, the date and place of birth, and the said schedule shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, within ten days after the birth of the child, and if the birth of the child shall occur without the attendance of a physician or a midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time and under the conditions herein provided, shall become the duty of the person or persons of said child to report the birth of the child to the Registrar of Vital Statistics, Baltimore City, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

61708

61708

Ind

Female

kolorekt.

208. M Bethel St.

December, 24, 1894

Therese Less

11. Hooper,

East New Market Rochester Conn. 6. 1

Levick Huss

Letter.

Home Agass. del County Ind.

Lawrence 27. 1891

123. N. Durham Street.

1 8 9 4 0 0 0 6 8 1 5

been conferred by sex color, the full name and occupation of the mother, the full name of each child, if any shall have been ascertained, the date and place of birth; and the third day of each month every nurse or attendant who may occur without the attendance of a physician or the midwife or matron immediately thereafter it shall become her duty to report to his birth officer of Health, in the number and within the time required, any such person or persons who shall comply with the provisions of this section, and be assessed the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

61705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) female

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the race) _____
3. Date of Birth, 1 of December
_____ (Street and Number) 515

4. Place of Birth, (Street and Number) 515 Cannon
St. Louis, Missouri

4. Place of Birth, (Street and Number) 322
5. Full Name of Mother, Roberta Burnard
- Burnard

5. Full Name of Mother, Martha
6. Mother's Maiden Name, Reynolds

6. Mother's Maiden Name, _____
7. Mother's Birthplace, Baltimore
Charles

7. Mother's Birthplace, Sweden
8. Full Name of Father, Charles Kinnegrol
Isabel

8. Full Name of Father: Sahel
9. Father's Occupation: Doctor

10. Father's Birthplace, Balto or other person who
via Return, Mrs. G. Wain

Name of Medical Attendant, or other person who makes this Return

Name of Medical Attendant, _____ makes this report.
Address, _____ 3122 Canton, Mass.

Address, _____

Remarks, _____ 694000581

6 9 4 0 0 0 5 8 1

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

61706

3⁴²

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female)..... female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... 1st of December 94
4. Place of Birth, (Street and Number)..... 1850 Mt. Vernon St
5. Full Name of Mother,..... Maria Jacob
6. Mother's Maiden Name,..... Maria Roth
7. Mother's Birthplace,..... Germany
8. Full Name of Father,..... August Jacob
9. Father's Occupation,..... Tailor
10. Father's Birthplace,..... Germany
- Name of Medical Attendant, or other person who makes this Return,..... Friederike Mueller M.D.
- Address,..... 216 W. Pratt St
- Remarks,..... 1 6 2 4 0 0 0 5 8 1 8

RETURN OF A BIRTH. 61707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *vy*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *DEC 1/94.*

4. Place of Birth, (Street and Number) *422 Conway St.*

5. Full Name of Mother, *Mary E. Campbell*

6. Mother's Maiden Name, }

7. Mother's Birthplace, }

8. Full Name of Father, }

9. Father's Occupation, }

10. Father's Birthplace, }

Name of Medical Attendant *or other person who*
Harry H. Arthur M.D.
Dr. President

Address, *622 W Lombard St.*

Remarks, *6940005819*

RETURN OF A BIRTH. 61708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Born 2nd December 1911*
4. Place of Birth, (Street and Number) *Thames St. No. 1616*
5. Full Name of Mother, *Victoria Wilczynska*
6. Mother's Maiden Name, *Hedhen Wojtowka*
7. Mother's Birthplace, *Lodz, Poland*
8. Full Name of Father, *Marjke Wojtowka*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Galicia*
- Name of Medical Attendant, or other person who makes this Return, *Styner Rodolna*
- Address, *Thames St. No. 1616*
- Remarks, *1894000 6 2nd*

RETURN OF A BIRTH. 61709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 2nd December '94.

4. Place of Birth, (Street and Number)

Thames Str. No. 1622.

5. Full Name of Mother,

Mary Hoffman

6. Mother's Maiden Name,

Medden Hartmanoska

7. Mother's Birthplace,

Poland.

8. Full Name of Father,

George Hartmanoski

9. Father's Occupation,

Poland

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other person who makes this Return,

Agnes Rodolna

Address,

Thames Str. No. 1635.

Remarks,

1 6 9 4 0 0 0 5 8 2 1

been conferred its seal, after the full fee has been paid, the full name of each child, if any shall have been born, the date and place of birth, and the date and place of its burial, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance at the birth of the child, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Boys

1. Sex, (state whether male or female) Male female Albert Obinger

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 2 1894

4. Place of Birth, (Street and Number) St. Mark Lane 14. 1316

5. Full Name of Mother, Augusta Obinger

6. Mother's Maiden Name, Augusta Balickman

7. Mother's Birthplace, Prussian Havel

8. Full Name of Father, John Obinger

9. Father's Occupation, Barber

10. Father's Birthplace, Barbarian Germania

Name of Medical Attendant, (or other person who makes this Return.) Dr. J. H. Jones

Address, 221 W. Baltimore St.

Remarks, 18940005622

101711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 December 1894
4. Place of Birth, (Street and Number) 124 Winter Street
5. Full Name of Mother, Katie Engel
6. Mother's Maiden Name, Amersbach
7. Mother's Birthplace, Germany
8. Full Name of Father, John Engel
9. Father's Occupation, laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Abbie Munn
- Address, 500 Leadenhall St.
- Remarks, 57-2000-827

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)-

5. *Full Name of Mother:*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant. or other person who makes this Return.

Address.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex. (state whether male or female)

female

2. Race or Color. (if not of the white race)

White

3. Date of Birth.

5th of December 92

4. Place of Birth. (Street and Number)

2029 Frederick Road

5. Full Name of Mother.

Karoline Sieglein

6. Mother's Maiden Name.

Karoline Doe

7. Mother's Birthplace.

Germany

8. Full Name of Father.

Albert Sieglein

9. Father's Occupation

Sales Reps

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other person who makes this Return.

Friederike Heule midwife

Address.

2116 W Pratt St

Remarks.

6 7 1 0 0 0 0 2 5

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred his sex, color, race, and date and place of birth, and the name of the practitioner in the case of each, and every month up to the office of the Registrar of Vital Statistics, and in case the birth of any child shall occur without the attendance of a physician, or shall become the duty of the practitioner of midwifery, or should no other person, such attendance upon the birth of the child, in compliance with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

61715-

[illegible]

10th

Sept

W. L. L. L.

Dec 3rd 189-

25 N. 1/4 Section

Fessie Cohen

Tessie Myram

Christine

Surgeon Bohren

Butcher Slater

Russia

or other person who makes this Return, Mrs. J. F. Adams

0136 Lombard St.

1 5 9 4 0 0 0 5 3 2 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6th

4. Place of Birth, (Street and Number) No 731 South Charles st city

5. Full Name of Mother, Amelia Kirwan
Hair

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Edw Kirwan

8. Full Name of Father, Pilot

9. Father's Occupation, Baltimore

10. Father's Birthplace, Catherine Michl.

Name of Medical Attendant, or other person who makes this Return. 800 Seadenhall St.

Address, Remarks,

894000628

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).... *Male*

2. Race or Color, (if not of the white race) White

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, 1000 Locust St. Phila.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

61719

ore City.

2

- Boys

White

Dec 6 - 1894

12 Light S. 8.

Simon Lychnobloss

Simon Root

2000-04-14

Henry Lichtman

Sloven

January

Albrecht, G. F.

Address, 1013 E. Richard St.

Remarks. 1 6 7 4 0 0 0 0 3 1.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 6th - 94
4. Place of Birth, (Street and Number) 1122 N. Mount St. Md. Arm. Hospital
5. Full Name of Mother, Ladie Keene
6. Mother's Maiden Name, Do -
7. Mother's Birthplace, Virginia
8. Full Name of Father, Virginia
9. Father's Occupation, Unemployed
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other person who makes this Return, Oliver Hendrix, M.D.
- Address, 1122 N. Mount St. Md. Arm. Hospital
- Remarks, 109-4000-332

month and shall set forth as far as the same can be ascertained the full name and occupation of the mother at the date and place of birth; and the said schedule shall be delivered, duly attested by the physician or practitioner of medicine, to the office of the Commissioner of Health, in the third day of each month, immediately following the birth of the child, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61721 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December the 7-18-94

4. Place of Birth, (Street and Number) Baltimore St No 525

5. Full Name of Mother, Mary E Apple

6. Mother's Maiden Name, Mary E Hook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Apple

9. Father's Occupation, Baltimore laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss J Kelly

Address, No 19-22 Wilkins Ave

Remarks, 5-7-2-0-0-0-0-0-0-0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex. (state whether male or female) .. Male

3. *Date of Birth*, Feb 11 1883

5. Full Name of Mother: _____

7. Mother's Birthplace Germany Prussia

8. Father's Occupation Farmer

Name of Medical Attendant or other person who Washburn

Remarks

1 0 7 4 0 0 0 4 8 3 4

Wm. J. C. Dulany Co., City Printers and Stationers

I. 61723

Baltimore City.

54

- female
white
December the 7th 1874
Carried at No 319
Anney Da
Anney Enright
inland
Morris Dec
labrad
inland
Mrs J Fuller
1922 Wilkeson Ave

Wm. J. C. Dulany Co., City Printers and Stat.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 8th 1894.*

4. Place of Birth, (Street and Number) *1706 W Baltimore St.*

5. Full Name of Mother, *Maggie Winters.*

6. Mother's Maiden Name, *Maggie C. Connell.*

7. Mother's Birthplace, *Ireland.*

8. Full Name of Father, *Augustus Winters*

9. Father's Occupation, *Doorman*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other person who makes this Return, *G. W. Slater M.D.*

Address, *1634 W Fayette St.*

Remarks, *16940005*

any such child shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

61727

[illegible]

1. Sex, (state whether male or female) Male

Male

ace) White

Gebaron 8th December/94

Shames str/c to 1621

Thames stry 81-12-11
Antonina Bernadskowa

Son Hué.

Poland. Galicia.

Setif Kuc.

Poland

Transpadana Galice

Agnes Stodolna

Thames str. 15 1635

Is gut.

4 5 4 0 0 0 6 8 3 9

RETURN OF A BIRTH. 61728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each child shall be forth as far as the same can be obtained, the full name of each child, (if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth, the first and third day of its birth, the name of the practitioner in the form of a certificate, in case the birth of any child shall occur without the attendance of a physician, the name of the midwife, or should no other person be in attendance upon the mother, named, in the manner and to the effect provided in the section above required, and the child to report its birth to the Registrar of Health, in the manner and to the effect provided in the section above required, and any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday, December 9th

4. Place of Birth, (Street and Number) 431 West Henrietta

5. Full Name of Mother, Cristiana Young

6. Mother's Maiden Name, Cristiana Stedebach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Young

9. Father's Occupation, Iron Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hinch

Address, 800 Southwell Street

Remarks, 1894000840

MR. J. C. BOLAND & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-17-60

Lot 729

Margaret Kohlhaus

4 ch.

- Female

White

November 9th 1894,

#33. N. moist, st

Minnie H. Kohlhaus

Minnie Heigh

Balto. City

Charles, P. Kohlhaas.

Umbrella makes

Germany

G. W. Slater m.

1634 W. Lytle St.

Remarks,

RETURN OF A BIRTH. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male and female twins

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 December 1911

4. Place of Birth, (Street and Number) Walter 12411 Canton Ave
Middletown

5. Full Name of Mother, Pauline

6. Mother's Maiden Name, Wagner

7. Mother's Birthplace, Germany

8. Full Name of Father, Lehmann

9. Father's Occupation, Classen (German)

10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs. C. Weiss
2122 Canton Ave

Address, 1844 0000 0000

Remarks, _____

6173

month, and shall set forth as far as the same can be ascertained the full name of each child if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered by the practitioner in the form of a certificate to the clerk of the court who shall file it in his office. If at any time during the year there shall occur without the attendance of a physician or practitioner of midwifery, or other person be in attendance upon the mother immediately thereafter if she become the duty of the person or persons of such kind to report its birth to the Commissioner, he shall comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be covered as other fines and forfeitures are recoverable.

6 the

- White female*

- White

- 9th December

- 2607 Lucifera St

- Francis Schubert

- = Fishes

- Bavaria

- John Schubert

- Lech*

- Beverly

1. or other person who makes this Return. Wm. L. Hays

2222 Canton Ave

1 8 9 4 0 0 0 6 8 4 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of medicine, or the practitioner of midwifery, or should no attendance upon the mother be required, by the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 61732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 27
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Dec 10/94
4. Place of Birth, (Street and Number) 724 Lombard St.
5. Full Name of Mother, Lizzie Chambers
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who made this Return, Harry A. Arthur M.D.
- Address, 622 W. Lombard St. J. P. B. B. B. B.
- Remarks, _____

1 8 4 4 0 0 0 3 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

- 1 8 9 4 0 0 0 6 8 4 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its father, the date of its birth, and the date said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case of each and every month to the office of the Commissioner of Health. In case the birth of any child shall attend upon the mother, nurse, or practitioner of midwifery, or should no other person be in attendance upon the mother, nurse, or practitioner of midwifery, the person or persons of such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars in each offence, to be recovered on other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

c. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

61736

cept concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the full schedule shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs within the ten-day period after the date of its birth, the practitioner shall be deemed to have complied with the requirements of this section if he or she has filed a certificate with the Commissioner of Health, in the manner and within the period above required, and is not held responsible for the child's non-registration. Any practitioner who fails to comply with the provisions of this section shall be fined not less than ten dollars nor more than fifty dollars for each offense, to be covered as other fines and forfeitures are recoverable.

11

Female

Black

DEC 11/94

Free Living in Hospital 6/22/18 Lombard St.

7 Ella Cephas.

Harry H. Arthur M.D.

6.72 N. Lombard St

J. R. Deane

6 9 4 0 0 3 5 0 4 0

RETURN OF A BIRTH. 61739

[illegible]

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12th 1894
4. Place of Birth, (Street and Number) 303 N. Market St
5. Full Name of Mother, Sarah Virginia Smith
6. Mother's Maiden Name, Abell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Adolph Lukins Smith
9. Father's Occupation, Black
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, E. N. Free M.D. or other person who makes this Return.
- Address, 602 N. Carey St
- Remarks, 18940005851

been conferred his sex, color, the full name and occupation of his parents, the date and place of birth; and the child day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, and shall become the duty of the person or persons of such attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 12, 1874

4. Place of Birth, (Street and Number) 33 Bartlett av.

5. Full Name of Mother, Julia Rocher

6. Mother's Maiden Name, Norton

7. Mother's Birthplace, Ind.

8. Full Name of Father, Michael Rocher

9. Father's Occupation, Plasterer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut av.

Remarks, _____

18740005852

RETURN OF A BIRTH. 61741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 12th 1894
 4. Place of Birth, (Street and Number) 1013 E Lombard St
 5. Full Name of Mother, Rosa Stolswinger
 6. Mother's Maiden Name, Rosa Sippitz
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Sam Stolswinger
 9. Father's Occupation, Cigar maker
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, Mrs. M. Feldman
 Address, 1013 E. Lombard St
 Remarks, 1894-0005853

RETURN OF A BIRTH. 1742 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) iii

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Dec 12/94

4. Place of Birth, (Street and Number) 614 Saratoga Court

5. Full Name of Mother, Mary F. Harris

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, (or other person who taken this Return) Harry S. Arthur M.D.

Address, 629 W. Lombard St. J. Resident Prop.

Remarks, _____

1 8 9 4 0 0 3 8 5 4

RETURN OF A BIRTH. 61743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 13th 1894*

4. Place of Birth, (Street and Number) *S. Bond St. 680*

5. Full Name of Mother, *Lefia Gilwin*

6. Mother's Maiden Name, *Son Ktonber*

7. Mother's Birthplace, *Konopodent Ruxland Poland*

8. Full Name of Father, *Frank Ktonber*

9. Father's Occupation, *Poland*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other person who makes this Return, *Agnes Hodelna*

Address, *James St. 10th 1635*

Remarks,

1894000855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 13/04

4. Place of Birth, (Street and Number) 2803 Fair Ave

5. Full Name of Mother, Mary Sally

6. Mother's Maiden Name, Mary Buss

7. Mother's Birthplace, Balt

8. Full Name of Father, Martin Sally

9. Father's Occupation, Driver

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mary C. Piggot

Address, 1903 Gough St

Remarks,

8 9 4 0 0 0 8 5 6

been charged with the sex, color, the full name and occupation of its parents, the date and place of birth, the name of the medical attendant, and the name of the person who makes this Return. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, immediately thereafter, it shall become the duty of the person so attending the mother, to report the birth of the child to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be deemed guilty of an offense, and be liable to be fined not less than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 14/94

4. Place of Birth, (Street and Number)

1711 Pratt St

5. Full Name of Mother,

Mrs Kate Jennings

6. Mother's Maiden Name,

" Jennings

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Josiah Cromwell

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Mrs Ann O'Connor

Address,

1112 Kaubert St

Remarks,

18940006857

RETURN OF A BIRTH. 16747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth.*4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8 9 4 0 0 0 5 8 5 9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

61748

1 First

Female

Whit

December 14th, 94

Barro 824 6 has a peak at
Nativity 91 +

Matilda Gutermuth

Matilda Norman

Balto. Md

Chas Gutermauth

Sadler

German

Mrs Burkhardt

No 1011 Boldon St

Remarks,

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

8940006860

RETURN OF A BIRTH. 61749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61750
Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

322

To the Office of Registrar _____ 320

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____ Female

Whether male or female _____ White

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3 Date of Birth.

3 Date of Birth, _____
4. Place of Birth, (Street and Number) Flora

5. Full Name of Mother, _____

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father,

9. *Father's Occupation,*

10. Father's Birthplace,

Father's Birthplace, _____ or other person who
Name of Medical Attendant, _____ makes this Return.
1903. Soug...

Address,

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

Dec 15 - 94

4. Place of Birth, (Street and Number).

2116 E. Fayette St

5. Full Name of Mother,

Mary J. Donohue

6. Mother's Maiden Name,

N. J.

7. Mother's Birthplace,

Lewis D. Donohue

8. Full Name of Father,

Can. Maker

9. Father's Occupation,

Balto

10. Father's Birthplace,

Mrs. Mary A. Allwell

Name of Medical Attendant, or other person who makes this Return.

1438 N. Bond St

Address,

Remarks,

1 8 9 4 0 0 6 8 6 3

been concerned) as sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate, to the Registrar of Health, on or before the third day of each and every month to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section. No child born to any such person or persons who shall be subject to the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 15th 1894

4. Place of Birth, (Street and Number) 727 St Peter St

5. Full Name of Mother, Priscilla Cook

6. Mother's Maiden Name, Ashley

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm R Cook

9. Father's Occupation, Salesman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Geo R Harrison

Address, 725 Columbia Ave

Remarks, 18940006864

RETURN OF A BIRTH. 64753
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother, (state whether 1st, 2d,

1. Sex, (state whether male or female)

1. Sex, (state whether male or female).
2. Race or color.

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*
5. *Full Name*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace.*

8. Full Name of Father.

9. *Father's Occupation.*

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 4 0 0 0 6 8 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race) *A*

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 4 4 0 0 0 6 8 6 6

been conferred) his sex, color, the full name and occupation of its parent, the date of its birth, the name of each child, (if any) shall be entered in the said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur on the third day of the month, the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become her duty to report its birth to the Commissioner of Health, and any such person or persons failing to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 15/94

4. Place of Birth, (Street and Number)

Delivering in Hospital 622 W. Lombard St.

5. Full Name of Mother,

Clara Burgan

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry H. Arthur M.D.

Address,

622 W. Lombard St.

J. R. Lewis Phys

Remarks,

18440006867

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name of the mother, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, on the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, in that case the practitioner or midwife, or other person, shall be bound to report its birth to the Commissioner of Health, in the manner and within the time prescribed in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 15/94

4. Place of Birth, (Street and Number)

1523 Nicholson St

5. Full Name of Mother,

Mrs Anna Ringer

6. Mother's Maiden Name,

Hunterling

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Halter Ringer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs Ann O'Connor

Address,

1112 Kaubert St

Remarks,

18940006868

RETURN OF A BIRTH. 61757
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother (State)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).
3. Date of Birth.

3. Date of Birth, _____

4. Place of Birth, (Street and Number) - _____

5. Full name _____

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

~~8 9 4 0 0 0 6 8 6 9~~

RETURN OF A BIRTH. 61758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th of December 94
4. Place of Birth, (Street and Number) 91 Garrison Lane
5. Full Name of Mother, Anna Beischel
6. Mother's Maiden Name, Anna Grimes
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Beischel
9. Father's Occupation, Bäcker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Friederika Hecker midwife
- Address, 216 W Pratt St
- Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the name of each child, (if any shall have been born to the mother), the date of birth, and the name of the practitioner in the form of a certificate before the birth of any child shall occur upon the mother, immediately thereafter, it shall be the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period, or penalty of such report, as may be prescribed by the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 15 - 94

4. Place of Birth, (Street and Number)

1515 N Hopkins Ave

5. Full Name of Mother,

Annie E. Schroeder

6. Mother's Maiden Name,

" Hazard

7. Mother's Birthplace,

Phila Pa

8. Full Name of Father,

Herman J. Schroeder

9. Father's Occupation,

Engraver

10. Father's Birthplace,

Phila Pa

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allwell

Address,

1438 N Bond St

Remarks,

1 8 9 4 0 0 0 6 8 7 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex: (state whether male or female).

4 ¹⁰⁰
Pemas
White

White

16th of December 94

1030 N. Ellington Ave
41 N

Halt. E. Jense

Katherine E. Deberry

Balle

Thomas. C. 104.55

Agent

12. 11. 1911

Friederike Heuler Midwife

2116 W. Pratt St.

8 9 4 0 0 0 6 8 7 2

RETURN OF A BIRTH.

61761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Myrtle

Hoffmeyer
Dr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

A file

3. *Date of Birth,*

Dec 16th 94

4. Place of Birth, (Street and Number)

2402
Kate Ross
Quinn Ave

5. Full Name of Mother,

Kate Hoffmeyer

6. *Mother's Maiden Name,*

Kali Roman

7. *Mother's Birthplace.*

Baltimore City

S. *Full Name of Father,*

Geo. Kottmann

9. *Father's Occupation,*

• Farber

10. *Father's Birthplace.*

Baltimore City

Name of Medical Attendant.

or other person who makes this Return.

Lewis F. Fry

Address.

2414 David Hill Ave

Remarks,

2414
L. B. A. 189400

8 9 4 0 0 0 6 8 7 3

[illegible]

being conferred) its sex, color, the full name of each child, (if any shall have been conferred) the date and place of birth: and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the name of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be made, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5-24-1881 Baltimore 16-December
4. Place of Birth, (Street and Number) 521 Thacker Ave.
5. Full Name of Mother, Mary Lippeling
6. Mother's Maiden Name, = Schumacher
7. Mother's Birthplace, Balto
8. Full Name of Father, Julius Lippeling
9. Father's Occupation, Labeler
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, Mrs E Weiss
- Address, 2122 Canton Ave.
- Remarks, _____

18940006874

RETURN OF A BIRTH. 61763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *it is the 2^d child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *16th of December 1894*

4. Place of Birth, (Street and Number) *No 1079 Boldon st Canton*

5. Full Name of Mother, *Mrs Sadi Baldoff*

6. Mother's Maiden Name, *Sadie Sullivan*

7. Mother's Birthplace, *Baltic*

8. Full Name of Father, *Mr Luther Baldoff*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Alexander*

Name of Medical Attendant, or other person who makes this Return, *Mrs Burkhart*

Address, *No 1011 Boldon st*

Remarks.

8940006875

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female). *Male*
2. Race or color, (if not of the white race). *White*
3. Date of Birth, *December, 16, 1894*
4. Place of Birth, (Street and Number) *1403-West Mosale Street*
5. Full Name of Mother, *Mrs. Anna Working*
6. Mother's Maiden Name, *Miss Anna Kuebler*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Mr. Henry Ashby Working*
9. Father's Occupation, *Electrician*
10. Father's Birthplace, *West Virginia Cabelltown*
Name of Medical Attendant, *Alex. L. Hodgson, D.*
Address, *1235 West Lafayette Avenue*
Remarks, *18940006876*

White

December, 16. 1894

1403-West Horse Sheep

Mrs. Anna W. King

Miss Anna Kulsh

Baltimore, Md

Mr. Henry Asby Wier's

Electrician

West Virginia Cabell Co.

Name of Medical Attendant, or other person who makes this Return. Allen L. Hodgson

Address, 1255 - ~~West~~ Lafayette Avenue

Remarks, 8 9 4 0 0 0 6 8 7 6

[illegible]

and have
said schedule shall be delivered, duly signed by the
third day of each month, to the Commissioner of Health.
attest my hand and the seal of the Department of Health
this 1st day of December, 1894.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(Ann Margolis 9th)* 9

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White Jewish*
3. Date of Birth. *Dec. 16, 1894*
4. Place of Birth, (Street and Number) *185 Harrison st.*
5. Full Name of Mother, *Mrs. Julia Luegg*
6. Mother's Maiden Name, *Miss Julia Margolis*
7. Mother's Birthplace, *Robert Russia*
8. Full Name of Father, *Joseph Margolis*
9. Father's Occupation, *Presser*
10. Father's Birthplace, *Simigra Russia*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Eva Kohn*

Address, *No. 26 Harrison st.*

Remarks, *Mother in best of health so is the*

boy very well 8940006877

Each certificate shall be delivered, duly signed, to the parent or person in whose name and occupation of the parent, the date and place of birth, and the sex of the child, and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for the purpose of being entered in the records of the office. In case the birth of any child shall occur upon the residence of a physician or practitioner of midwifery, it shall become the duty of the physician or practitioner to report the birth of such child to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above specified. No other person shall be permitted to report the birth of any child, and no person shall be liable for the fine or penalty provided in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 Dec. 1894*
4. Place of Birth, (Street and Number) *711 Sharp st*
5. Full Name of Mother, *Mary M. Seaton*
6. Mother's Maiden Name, *Belanka*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles K. Seaton*
9. Father's Occupation, *Ref. Paper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. E. B. Brooks*
- Address, *838 Eighthead St.*
- Remarks, *During Illness*
- 8940003878

...shall set forth as far as the same can be ascertained the full name of each child, if care among the
been conferred) its sex, color, the full name of its parents, the date and place of birth: and the
third child shall be delivered, duly signed by the practitioner of Health, in a certificate between the first and
shall occur without the attendance upon the mother, immediately the duty of the person or persons of such
attendance upon the mother, immediately the duty of the person or persons of such
any such person who shall hereafter fail to comply with the provisions of this act shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 16th 1894

4. Place of Birth, (Street and Number) 2013 Frederick Ave

5. Full Name of Mother, Agnes Perkins

6. Mother's Maiden Name, Welsh

7. Mother's Birthplace, Ches. Co. Md.

8. Full Name of Father, Richard M. Perkins

9. Father's Occupation, Brakeman

10. Father's Birthplace, Louisiana

Name of Medical Attendant, or other person who makes this Return, H. W. Welner M.D.

Address, 723 W. Lombard St

Remarks, Natural Labor

8 9 4 0 0 0 6 8 7 9

any child born in the city of Baltimore, Md., shall be registered in the birth record of the city, and the name of the child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the name of the person or persons who shall hereafter fail to comply with the provisions of this section required, and any such person or persons who shall hereafter fail to comply with the provisions of this section required, and be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth. Dec 16/94

4. Place of Birth, (Street and Number) 412 Ellow Lane

5. Full Name of Mother, Mrs. Johnson

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Harry H. Arthur M.D.

Address, 622 W. Lombard St. Resident Phys.

Remarks, _____

6 7 4 0 0 0 6 8 8 0

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

1. Sex, (state whether male or female) white race

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 4 0 0 0 6 8 8

[illegible]

This certificate shall be delivered, duly signed by the physician or practitioner of midwifery, to the mother, or to the father, or to the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 Dec 1894
4. Place of Birth, (Street and Number) 124 Barrington St
5. Full Name of Mother, Mrs E Carson
6. Mother's Maiden Name, Settler
7. Mother's Birthplace, Balto
8. Full Name of Father, George W Carson
9. Father's Occupation, Labr
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Mrs E A Bracken
Address, 1828 Hill St
Remarks, Normal Well

6940006882

said schedule shall be delivered only once by the practitioner in the form of a certificate between the first and the third day of each and every month to the Registrar of Vital Statistics, Baltimore City, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *17 Dec 1891*

4. Place of Birth, (Street and Number) *132 W. Maryland*

5. Full Name of Mother, *Maggie E. Barnhart*

6. Mother's Maiden Name, *Murphy*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Charles E. Barnhart*

9. Father's Occupation, *Cigar Box Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. E. A. Brooker*

Address, *1829 2nd St*

Remarks, *Living Well*

Full name of child - *John B. Barnhart*

6940005883

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 Dec 1894

4. Place of Birth, (Street and Number) 1716 Dabney Ave

5. Full Name of Mother, Kathleen Hess

6. Mother's Maiden Name, Hambler

7. Mother's Birthplace, Belle

8. Full Name of Father, John H. Hall

9. Father's Occupation Carpenter

10. Father's Birthplace, Greenwood

Name of Medical Attendant, or other person who makes this Return, Mrs. E. K. Beach

Address, 1828 Lusk St

Remarks, *Doing Well*

6 4 0 0 6 8 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

61 773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2 

M & L

White

14th of December. 94

1941 Ramsey St.

Louise Gerhold

Louise Wiesbach

Germany

August 27th 1891.

Lab.

Germany

Friederike Kessler Mitwige

2116 W. Pratt St.

1 6 9 4 0 0 0 6 8 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 61774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4th

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... White

3. Date of Birth..... 17 December 44

4. Place of Birth, (Street and Number)..... 415 Schmalenood

5. Full Name of Mother..... Martha Reppmann

6. Mother's Maiden Name..... Martha Leisz

7. Mother's Birthplace..... Germany

8. Full Name of Father..... George Reppmann

9. Father's Occupation..... Butcher

10. Father's Birthplace..... Germany

Name of Medical Attendant, or other person who makes this Return,..... Friederike Hecker M.D.

Address..... 2114 W. Pratt St.

Remarks..... 6 7 4 U 0 0 5 8 8 6

RETURN OF A BIRTH. 61775-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) 1/2 Irish

3. Date of Birth, Nov 11 1922

4. Place of Birth, (Street and Number) 1935, Nantux, A
1935, Nantux, A

5. Full Name of Mother, Rebecca Dwyer

6. Mother's Maiden Name, W. H. H.

7. Mother's Birthplace, W. Va.

8. Full Name of Father, James B. Manufacturing

9. Father's Occupation Electrician

10. Father's Birthplace, _____
 _____ or other person who _____

Name of Medical Attendant, makes this Return, 1828 July 26

Address, Birmingham

Remarks,

8 7 4 0 0 0 5 8 8 7

any person who shall neglect to file a return as required by this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 17, 1894.
4. Place of Birth, (Street and Number) 312 29th St.
5. Full Name of Mother, Ida May Ewing.
6. Mother's Maiden Name, Dunlap.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Robert Edwin Ewing.
9. Father's Occupation, Railroader.
10. Father's Birthplace, Pa.
- Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.
- Address, 291 Chestnut Ave.
- Remarks, _____

6940005888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*4. *Place of Birth, (Street and Number).*5. *Full Name of Mother,*6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

4). *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant _____

or other person who
makes this Return.

Address.

Arthur M.D.
H. Reilein Phys

Remarks,

8-4000-889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *II*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *Dec 19/94*

4. Place of Birth, (Street and Number) *521 Elbow Lane*

5. Full Name of Mother, *Maggie Brown*

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, *Harry H. Arthur M.D.*

Address, *622 W. Lombard St.*

Remarks.

18940006890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth, 18-11-1921

4. *Place of Birth, (Street and Number).* 113 1/2 W. 11th St. New York City

5. Full Name of Mother, Maureen Margaret

6. Mother's Maiden Name, Margaret

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James J. [unclear]

9. Father's Occupation.....

10. Father's Birthplace, USA

Name of Medical Attendant, makes this Return, Geo. C. Cushman, Jr.

Address, 1000 14th St. N.W. Washington, D.C.

Remarks, 1 6 9 4 0 0 0 6 8 9 2

Each person conferred in sex, color, the full name and occupation of its parents, the date and place of birth; and the third year of such and every month to the office of the Commissioner of Health or to avoid no other person be in attendance upon the attendance of a physician or nurse shall become the duty of the person or persons of such child occur without the notice of the Commissioner of Health, in the manner and within the period above required, and if such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to recoverable, excepted to the fine of ten (\$10) dollars for each offence, to be recovered as in other fines and forfeitures are recoverable.

61787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

4

female

2. 7. 1. f.

December the 18-1874

Paym^t etc to 12.3

Amey L. Blankenship

Amuz. L. Burchard

Baltimore

Alvord and W. H. Kiser

Andy Smith
Hilary Smith

H. J. B. R.

1929

000007

6 7 4 0 0 5 8 9 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec. 18/94
4. Place of Birth, (Street and Number) 1050 Hancock St
5. Full Name of Mother, Mrs Budget Dempsey
6. Mother's Maiden Name, Reilly
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Dempsey
9. Father's Occupation, laborer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Mrs Ann O'Connor
- Address, 1112 Hancock St
- Remarks, _____

8 9 4 0 0 0 6 8 9 4

RETURN OF A BIRTH.

61783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

III

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Dec 18/94

4. Place of Birth, (Street and Number)

335 Dawson Alley

5. Full Name of Mother,

Annie Banks

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Harry H. Arthur M.D.

Address,

622 W. Lombard St.

President Bldg.

Remarks,

8440006895

RETURN OF A BIRTH. 61784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 6.

1. Sex, (state whether male or female)— female

2. Race or Color, (if not of the white race)— white

3. Date of Birth.— 19 December 1894

4. Place of Birth, (Street and Number)— 1357, Hull St.

5. Full Name of Mother,— Leah Jane Miller

6. Mother's Maiden Name,— " Colmann

7. Mother's Birthplace,— Pennsylvania

8. Full Name of Father,— Char. Miller

9. Father's Occupation.— Laborer

10. Father's Birthplace.— Baltimore

Name of Medical Attendant, or other person who makes this Return.— T. H. McJannet

Address, 1331 Hull St. Locust Point

Remarks,

8940005896

been conferred, its sex, color, the full name and occupation of its mother, the date of its birth, the day of the month, the year, and the place of birth, and the name of the practitioner in the form of a certificate, shall occur upon the mother, immediately thereafter, it shall become the duty of the practitioner, or should no other person be in attendance upon the mother, to comply with the provisions of this section, and any such person or persons who fail to do so, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61785-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 19 - 1894

4. Place of Birth, (Street and Number) 2717 Penn. Ave.

5. Full Name of Mother, Elizabeth Wagner

6. Mother's Maiden Name, " Leibumel

7. Mother's Birthplace, Baltic.

8. Full Name of Father, Henry H. Wagner

9. Father's Occupation Stone-Mason

10. Father's Birthplace, Garret Co. Md.

Name of Medical Attendant, or other person who makes this Return, W. L. Borden

Address, 418 S. Paca St.

Remarks, 8940006897

61786

[illegible]

2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 9 4 0 0 0 6 8 9 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 5 3 9 9

Any person who shall fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 19 - 1894

4. Place of Birth, (Street and Number) 1026 Chesapeake St.

5. Full Name of Mother, Minnie A. Albough

6. Mother's Maiden Name, Braul

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W. C. Albough

9. Father's Occupation, Actor

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Sary Stein

Address, 427 E. Pratt St.

Remarks, _____

8940006900

and schedule shall be delivered, signed, and filed in the office of the Registrar of Vital Statistics, Baltimore City, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child or children to cause the birth of such child or children to be reported to the Registrar of Vital Statistics, Baltimore City, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 19th / 89

4. Place of Birth, (Street and Number) 2302. Cambridge St

5. Full Name of Mother, Fannie. Theis

6. Mother's Maiden Name, Fannie. Aiss

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Friedrich. Aiss

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mary L. Swayne

Address, 824 Canton St.

Remarks,

18940006901

and schedule shall be delivered, duly signed and attested, to the Registrar of Vital Statistics, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19th 1894
4. Place of Birth, (Street and Number) 1027 Cuskey St.
5. Full Name of Mother, Caroline Simm
6. Mother's Maiden Name, Caroline Bishop
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Simm
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this return, Harry L. Swaine
- Address, 824 Canton St
- Remarks, _____

1 8 9 4 0 0 0 6 9 0 2

and schedule shall be delivered, duly signed by the practitioner in the case of a child born in the city, and by the parent or guardian in the case of a child born elsewhere, to the Office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each failure, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 19/99
4. Place of Birth, (Street and Number) 571 S. Cannon St.
5. Full Name of Mother, Mary Peterson
6. Mother's Maiden Name, " Braun
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. Peterson
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. Seidenhofer
- Address, 2225 Yonge St.
- Remarks, _____

1 8 9 4 0 0 0 5 9 0 3

and the date and place of birth, and the name and occupation of its parents, the said schedule shall be delivered, duly signed and attested, to the Registrar of Health, on or before the third day of each and every month, by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person attending such child to report its birth to the Commissioner of Health, and in case the birth of any child in the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *VIII*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 19/94*

4. Place of Birth, (Street and Number) *2417 Eastern Ave.*

5. Full Name of Mother, *Louisa Kivieriemer*

6. Mother's Maiden Name, *Diller*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Konrad Kivieriemer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Seidenhofer*

Address, *2225 Gough St.*

Remarks, _____

1 8 9 4 0 0 0 6 9 0 4

with schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the second of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately hereafter it shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 20th 1894

4. Place of Birth, (Street and Number) 635 Patterson Park

5. Full Name of Mother, Julia Randall

6. Mother's Maiden Name, Julia Kasey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Randall

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary S. Swaine

Address, 824 Canton St.

Remarks,

8740006905

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Henry
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race) —

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother:

6. *Mother's Maiden Name,*7. *Mother's Birthplace.* ..8. *Full Name of Father.*9. *Father's Occupation.* . . .10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address, 436 E First Ave

Remarks,

8 9 4 0 0 0 3 9 0 6

been conferred its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date of its registration. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the parent or person who shall have the child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

61795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of December
4. Place of Birth, (Street and Number) 202 Penny St.
5. Full Name of Mother, Frederike Bornlein
6. Mother's Maiden Name, Schanner
7. Mother's Birthplace, Balt.
8. Full Name of Father, Philip Bornlein
9. Father's Occupation Box Maker
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss
- Address, 2122 Canton Ave.
- Remarks, _____

8940005907

RETURN OF A BIRTH. 61796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 4 0 0 0 6 9 0 8

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of its birth, the name of the physician or practitioner in the form of a certificate between the first and third attendances shall be returned, duly signed by the practitioner in the form of a certificate between the first and third attendances. In case the birth of any child shall occur without the attendance of a physician or practitioner, the person in attendance upon the mother, immediately hereafter, it shall become the duty of the person in attendance upon the mother, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be liable to the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 6th

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 20th of December 94

4. Place of Birth, (Street and Number)..... 311 Benton Lane St.

5. Full Name of Mother,..... Katie Bachman...

6. Mother's Maiden Name,..... Katie Mielthumel

7. Mother's Birthplace,..... Germany

8. Full Name of Father,..... Georg Bachmann

9. Father's Occupation,..... Stone mason

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... Friederike Kessler midwife

Address,..... 2116 W. Pratt St.

Remarks,.....

1 8 9 4 0 0 0 6 9 0 9

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61798

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male
White

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 20th 1894

4. Place of Birth (Street and Number)

639 W. Fayette

5. Full Name of Mother

Harriet R. Bentley

6. Mother's Maiden Name

Harriet R. Hobbs

7. Mother's Birthplace

Washington City

8. Full Name of Father

Charles Franklin Bentley

9. Father's Occupation

Commission Merchant

10. Father's Birthplace

Albion N.Y.

Name of Medical Attendant, or other Person who makes this Return.

J. R. Wheeler M.D.
661 W. Fayette St

Address

Remarks

8940005910

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Registrar of Vital Statistics, Baltimore City, and the practitioner shall be liable to the office of the Registrar of Vital Statistics, Baltimore City, for the fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

61799

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Dec 20/94

4. Place of Birth, (Street and Number) 847 Bay St.

5. Full Name of Mother, Sarah Carter

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, Harry N. Arthur M.D. or other person who makes this Return

Address, 622 W. Lombard St.

Remarks, Resident

8940006911

and schedule shall be delivered, duly signed by the practitioner of the profession, the date and place of birth; and the birth shall occur without the attendance upon the mother, immediately after the birth of any child, and the child to report its birth to the Commissioner of Health, in the period above required, and the practitioner who shall hereafter fail to comply with the provision herein shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 21, 1894

4. Place of Birth, (Street and Number) 3121 Dillion St.

5. Full Name of Mother, Sara Phibbin

6. Mother's Maiden Name, Sara Eagleton

7. Mother's Birthplace, Balt

8. Full Name of Father, Charles Phibbin

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St.

Remarks,

18940006912

RETURN OF A BIRTH^{6/30/}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

21st Dec 1894

4. Place of Birth, (Street and Number)

414 E Fort Ave

5. Full Name of Mother,

Ann Richards

6. Mother's Maiden Name,

Clinton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Richards

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Yewell

Address,

436 E Fort Ave

Remarks,

1 8 9 4 0 0 0 6 9 1 3

and the said section shall be interpreted as follows: (1) The full name and occupation of the mother, as given by her, shall be entered in the space provided for the purpose. (2) The date of birth shall be entered in the space provided for the purpose. (3) The race or color shall be entered in the space provided for the purpose. (4) The place of birth shall be entered in the space provided for the purpose. (5) The full name of the mother shall be entered in the space provided for the purpose. (6) The mother's maiden name shall be entered in the space provided for the purpose. (7) The mother's birthplace shall be entered in the space provided for the purpose. (8) The full name of the father shall be entered in the space provided for the purpose. (9) The father's occupation shall be entered in the space provided for the purpose. (10) The father's birthplace shall be entered in the space provided for the purpose. (11) The name of the medical attendant or other person who makes this return shall be entered in the space provided for the purpose. (12) The address of the medical attendant or other person who makes this return shall be entered in the space provided for the purpose. (13) The remarks shall be entered in the space provided for the purpose.

RETURN OF A BIRTH. 61802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth. (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

2. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the child's certificate shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6/18/93

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec - 21 - 1894
 4. Place of Birth, (Street and Number) 708 Fulton ave.
 5. Full Name of Mother, Carrie Boyd
 6. Mother's Maiden Name, Ston
 7. Mother's Birthplace, Balt.
 8. Full Name of Father, Charles C. Boyd
 9. Father's Occupation, Salesman
 10. Father's Birthplace, Phila.
 Name of Medical Attendant, or other person who makes this Return, G. L. Braddock
 Address, 118 S. Paca St.
 Remarks, 8740006915

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. Sex, (state whether male or female) a male boy.

2. Race or Color, (if not of the white race) a color child

3. Date of Birth, born on 21 december

4. Place of Birth, (Street and Number) born in Chicago st 2130

5. Full Name of Mother, Mary Eliza Carter

6. Mother's Maiden Name, Mary E. de Woodland

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Albert Parker

3. Father's Occupation... ent. Occupation was
1st class

10. Father's Birthplace, St. Charles, Missouri

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Pace

Address, 2420 Harrison Street

Remarks, 8940006916

RETURN OF A BIRTH ⁶¹⁵⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *0*

3. Date of Birth, *21st Dec 1894*

4. Place of Birth, (Street and Number) *1203 Battery Ave*

5. Full Name of Mother, *Mary C. Graves*

6. Mother's Maiden Name, *Breeders*

7. Mother's Birthplace, *Talbot Co*

8. Full Name of Father, *William Graves*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Elizabeth Jewell*

Address, *436 E Font ave*

Remarks, *8940006917*

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month in which the child is born, to the Registrar of Vital Statistics, and shall be filed in the office of the Registrar, and the said certificate shall be subject to the inspection of the Registrar, and he may, at any time, require the practitioner to produce the original certificate, and if he fails to do so, he shall be liable to a fine of not less than \$10 nor more than \$50, to be recovered in other fines and forfeitures as hereinafter provided.

RETURN OF A BIRTH *61806* To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec. 21st 1894*

4. Place of Birth, (Street and Number) *535 W. Darnley St.*

5. Full Name of Mother, *Josephine T. Gray*

6. Mother's Maiden Name, *" Knight*

7. Mother's Birthplace, *Wilmington, N. C.*

8. Full Name of Father, *Chas. H. Gray*

9. Father's Occupation, *Writer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *W. T. Carr Jr. M. D.*

Address, *1062 Argyle Ave.*

Remarks, *Forceps delivery. Persistent occipito-posterior presentation.*

4 0 20 6 2 1 8

valid schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person having charge of the child shall report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh.*
1. Sex, (state whether male or female.) *Male,*
2. Race or Color, (if not of the white race) *White,*
3. Date of Birth, *December 21st 1894*
4. Place of Birth, (Street and Number) *#1919 Elm St. City.*
5. Full Name of Mother, *Mary Jordan.*
6. Mother's Maiden Name, *Mary Reed.*
7. Mother's Birthplace, *County Galway Ireland.*
8. Full Name of Father, *Charles Jordan.*
9. Father's Occupation, *Labour.*
10. Father's Birthplace, *County Mayo, Ireland.*
Name of Medical Attendant, or other person who makes this Return, *D. S. Stone M.D.*
Address, *1704 John St. City.*
Remarks, _____

18940006919

said schedule shall be delivered, duly signed by the practitioner in the form of certificate, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or person who has knowledge of the birth of such child shall report the birth of such child to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st Sept 24

4. Place of Birth, (Street and Number)

604 W. Calvert St

5. Full Name of Mother,

Louis Monappra

6. Mother's Maiden Name,

Gerretsen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Arthur Monappra

9. Father's Occupation,

Glass-maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

W. H. Helms, M. D.

Address,

2574 Barclay St Baltimore

Remarks,

18940006920

61509

Baltimore City.

shall be delivered, duly signed by a practitioner in the form of a certificate between the first and second editions of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur during the attendance of a physician or practitioner of midwifery, it shall be his duty to sign such certificate as soon as he can after the birth, immediately thereafter if it shall become the duty of the practitioner of midwifery, and in all cases before the expiration of one month from the date of birth; and any such person or persons who shall be so required to comply with the provisions of this section shall be subject to the same penalties as are provided for each offence, to be recovered as costs and forfeitures are recoverable.

2nd file

Mal

White.

December 21. 1894

4/17 E. Emerson Rd

May Unto

11 *L. Junc*

2. *Phrynosoma*

Julius Anta

Laundrie

Степан

Wm. Doel

book 2. 1. 1. 1.

100. *Theraps* *Theraps*

8 9 4 0 0 0 6 9 2 1

RETURN OF A BIRTH. 61810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant _____

Address,

Remarks.

6 4 0 0 0 5 9 2 2

RETURN OF A BIRTH. 61811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other person who
makes this statement

Address,

Remarks.

8 9 4 0 0 0 6 9 2 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 22nd 1894
 4. Place of Birth, (Street and Number) 55 Carrollton Ave
 5. Full Name of Mother, Mary E. Smith
 6. Mother's Maiden Name, "
 7. Mother's Birthplace, Wilmington
 8. Full Name of Father, Balt.
 9. Father's Occupation Ferdinand J. Smith
 10. Father's Birthplace, Balt.
 Name of Medical Attendant, or other person who makes this Return, Mary A. Humphreys
 Address, 57 Carrollton Ave
 Remarks, _____

~~8 4 4 0 0 0 5 9 2 4~~

RETURN OF A BIRTH. 61813
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *22d of December*
 4. Place of Birth, (Street and Number) *No. 166 Madison str*
 5. Full Name of Mother, *Lizzie Cousins*
 6. Mother's Maiden Name, *Rooster*
 7. Mother's Birthplace, *Balto*
 8. Full Name of Father, *Charles Cousins*
 9. Father's Occupation, *Salesman*
 10. Father's Birthplace, *Balto*
 Name of Medical Attendant, *Mrs J. Dues*
 Address, *1907 Monument st.*
 Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

61814

more City.

[illegible]

21.

11/12

10/10/10 1/2 2/10

1228 *Willow* st

Harriet Schreder

Bureau

13. 2010

Wm. Schroder

Transfer:

Belle

who
urn, My dear L. Brink

1948 11

Read

8 9 4 0 0 0 6 9 2 6

third day of each month thereafter, duly signed by the practitioner in the form of a certificate between the first and second day of each month, shall be filed with the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or parents of such child shall be liable to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in either fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61815-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex, (state whether male or female) *Female,*

2. Race or Color, (if not of the white race) *White,*

3. Date of Birth, *December 22d -*

4. Place of Birth, (Street and Number) *N.E. Co. Practico - Mount Sts.,*

5. Full Name of Mother, *Bernadine Hummel*

6. Mother's Maiden Name, *Bauhans,*

7. Mother's Birthplace, *Balto. City,*

8. Full Name of Father, *Anthony J. Hummel,*

9. Father's Occupation, *Salon Keeper*

10. Father's Birthplace, *Balto. City,*

Name of Medical Attendant, or other person who makes this Return, *[Signature]*

Address, *921 Columbia Ave.*

Remarks,

1 8 9 4 0 0 0 5 9 2 7

61816

more City.

XIII

Girl

White

Dec. 22/14

2407 Orleans Str.

Mary Nappes

W. W. Casper

Balto

John Kaffel

Cigarmaker

Baltov

Mrs. Deisendorfer

2225 Yonge St.

2220 Long St.

8 9 4 0 0 0 6 9 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

61817

said schedule shall be delivered by the practitioner in the form of a certificate placed in the hands of the mother, the father, the guardian, or the person in charge of the child, third day of each and every month to the office of the Commissioner of Health. In case the birth of an infant shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than ten dollars and not more than twenty dollars and forfeitures are recoverable.

Spirt

e) White

Dec. 22/94

2429 Alice Ann Dr.

Louisa Rheinhard

Beyer

Balto.

Geo. Rheinhard

Laberer

Beth

Herr. Deizendrofer

2225 York St

8 9 4 0 0 0 6 9 2 9

and schedule shall be delivered, duly signed by the practitioner of the profession of a physician or practitioner of midwifery, or should no other person be in attendance at the birth, by the person or persons who shall be present at the birth, to the Commissioner of Health, in the manner and within the time prescribed in this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61818

* To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 22nd 1904*

4. Place of Birth, (Street and Number) *2925 - 1st St. Baltimore Md*

5. Full Name of Mother, *Esther E. Johnson*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William H. Johnson*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who
witnessed this Return, *Mrs Mary S. Johnson*

Address, *731 Cumberland St*

Remarks, *8440006930*

Each certificate shall be delivered, duly signed by the parent or guardian, the date and place of birth, and the third shall occur within one month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the residence of a physician or practitioner of midwifery, he shall become the duty of the parent or guardian to report its birth to the Commissioner of Health, and within the period above specified to the parent or guardian who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 61819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 22nd 1894
4. Place of Birth, (Street and Number) 929 Binnery st
5. Full Name of Mother, Marry L. Boode
6. Mother's Maiden Name, Marry L. Rode
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas J. Boode
9. Father's Occupation, Painter
10. Father's Birthplace, Louisiana
- Name of Medical Attendant, or other person who makes this Return, S. P. Harrington
- Address, 924 Binnery St. Camden Md.
- Remarks,

8940006931

61820

Each person can agree to give color, the full name and occupation of its parents, the date and place of birth; and the date and place of birth of each child. The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it is the duty of the person or persons of such attendance upon the mother, immediately thereafter, to sign the name and within the period above required, and to be submitted to report it to the Commissioner of Health, to comply with the provisions of this section shall be subject to such person or persons to be recovered an other fine and forfeitures are recoverable.

6¹¹

Male

9 miles

Dec 22, 1894.

936 E. Poca St.

Genie Fleischer

Lennie Bowen

Quercus

John A. Fleischer.

Labors.

Baltimore

or other person who makes this Return.

Theodore Cooke, M.D.

914 of blades SE

8 9 4 0 0 0 6 9 3 2

61821

more City.

Sept.

Admitt

4 miles

C. 22001 - 9

528. Hickory, Beech, Hard

Mary C. Nelson

Wang's Fitefabrick

Galton & Co. Ltd

Colony of 116

Parent 2
300

or other person who

or other person who makes this Return.

to King 5th March 21st

city

8 9 4 0 0 0 6 9 3 3

RETURN OF A BIRTH. 61822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex. (state whether male or female).

Male

2. Race or Color, (if not of the white race)-

White

3. *Date of Birth.*

Dec. 23. 1894.

4. *Place of Birth, (Street and Number).*

1211 W. Lombard St.

5. Full Name of Mother,

Margaret Ann Mooney

6. *Mother's Maiden Name,*

Margaret Ann Trainor

7. *Mother's Birthplace.*

Baltimore Md

8. *Full Name of Father.*

Edward V. Mooney

9. *Father's Occupation.*

Clerk.

10. *Father's Birthplace,*

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Sumner Howard

Address.

23rd September

Remarks.

11

8 9 4 0 0 6 9 3 4

and shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, it shall become the duty of such person to appear before the Commissioner of Health, in the manner and within the period above required, and if any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 23, 1894

4. Place of Birth, (Street and Number) 110 McMechan St.

5. Full Name of Mother, Saabel b. Addison Albrough

6. Mother's Maiden Name, Saabel b. Addison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry T. Albrough

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Theodore Cooke, M.D.
914 St. Charles St.

Address,

Remarks,

8940005935

61824

and schedule shall be delivered duly executed by the practitioner in the form of a certificate of birth information on the first and third day of each month to the office of the Commissioner of Health, to ensure the birth of any child shall occur upon the attendance of a physician or midwife, or should no other acts of such kind occur upon the attendance of a physician or midwife, it shall become the duty of the practitioner to report the birth of such child to the office of the Commissioner of Health, in the period above required, and to report its birth upon the certificate of birth information in the provisions of this section, and the practitioner shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and any such fine shall be paid to the State of New York.

7.

male

white

13. December

1430 Linden St.

Kate Beach

" Knox

Battinere

Mr. Kossuth

Хлебобулочные
Фрукты.

5 11

May 1907

8940006936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace, ...*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 4 0 0 0 6 9 3 7

RETURN OF A BIRTH. 61826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Office of Registrar of Vital Statistics, Baltimore City, on the third day of each month, with to the Office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, and shall become the duty of the person or persons of and attendance upon the mother, immediately after the birth of any child, in the manner and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *December 23rd, 1894.*
 4. Place of Birth, (Street and Number) *1217 Scott St.*
 5. Full Name of Mother, *Susie Barbary Swatz.*
 6. Mother's Maiden Name, *"Kuhn*
 7. Mother's Birthplace, *Baltimore City.*
 8. Full Name of Father, *Conrad Swatz.*
 9. Father's Occupation, *Commission Clerk.*
 10. Father's Birthplace, *Baltimore, City.*
 Name of Medical Attendant, or other person who makes this Return, *C. G. Muchals, M.D.*
 Address, *702 West Cross St.*
(Near Ridgely)
 Remarks, _____

18940006938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1.

1. Sex, (state whether male or female)..... Girl.

2. Race or Color, (if not of the white race)..... white.

3. Date of Birth,..... 23. December.

4. Place of Birth, (Street and Number)..... N. 109. Wollstreet.

5. Full Name of Mother,..... Anna Ackermann.

6. Mother's Maiden Name,..... Anna Krauskut.

7. Mother's Birthplace,..... Germany.

8. Full Name of Father,..... Julius Ackermann.

9. Father's Occupation..... Laborer.

10. Father's Birthplace,..... Germany.

Name of Medical Attendant, or other person who makes this Return,..... Mary Heass.

Address,..... S. 1933. Sirmount St. S.

Remarks,.....

1 8 4 0 0 6 9 3 9

C. (JILANY B. CO., CITY PRINTERS AND STATIONERS)

8 9 4 0 0 0 6 9 4 1

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second lines of the form, to the mother, immediately thereafter, in the manner and within the period above required, and the practitioner shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 23, 1894.

4. Place of Birth, (Street and Number) 324 29th St.

5. Full Name of Mother, Emma Reproth.

6. Mother's Maiden Name, Overlander.

7. Mother's Birthplace, Pa.

8. Full Name of Father, Samuel S. Reproth.

9. Father's Occupation, Railroader.

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 29 Chestnut St.

Remarks,

8440005942

RETURN OF A BIRTH. 61831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23 December

4. Place of Birth, (Street and Number) 1502 Beason St.

5. Full Name of Mother, Marie Jager

6. Mother's Maiden Name, Walsh

7. Mother's Birthplace, Island

8. Full Name of Father, Patrick Jager

9. Father's Occupation, Laborer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, E. M. M. M. M.

Address, 1531 Hall St. Locust Point

Remarks, 18940006943

RETURN OF A BIRTH. 61832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Dec 23 1894

4. Place of Birth, (Street and Number) 815 Remington Ave Baltimore

5. Full Name of Mother, Ellen Rose

6. Mother's Maiden Name, Ellen Williams

7. Mother's Birthplace, Halsfact Va

8. Full Name of Father, Perter Rose

9. Father's Occupation, Labor

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Estmie Thompson

Address, 825 Remington Ave Baltimore

Remarks, 18940006944

RETURN OF A BIRTH. 61833
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother

6. *Molher's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this report

Address, 622 W Lombard St

Remarks.

~~8 4 4 0 0 0 6 9 4 5~~

Each section shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar of Vital Statistics, and the Registrar shall forward the same to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such report shall be subject to the same penalties as are provided for in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

IV
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Dec 24/94

4. Place of Birth, (Street and Number)

Free lying in Hospital 622 W Lombard

5. Full Name of Mother,

Annie Crouch

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

Harry A. Arthur M.D.
Resident Phys.

Address.

622 W Lombard St.

Remarks.

8940006946

RETURN OF A BIRTH. 61836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ~~3~~

1. Sex, (state whether male or female). male
2. Race or Color, (if not of the white race). white
3. Date of Birth, 24 December
4. Place of Birth, (Street and Number). 807 East Ave.
5. Full Name of Mother, Josephine Raynor
6. Mother's Maiden Name, Sharp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Raynor
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Dr. H. H. McFarland
Address, 1331 Hall St. Locust Point
Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period prescribed, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61835-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Dec 24/94

4. Place of Birth, (Street and Number)

Dying in Hospital 622 W. Lombard

5. Full Name of Mother,

Jennie Wilmore

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes the Return,

Harry H. Arthur M.D.

Address,

622 W. Lombard St

In Resident Phys.

Remarks,

8 7 4 0 0 0 6 9 4 8

Third day of each and every month to the Registrar of Vital Statistics, Baltimore City, and the
shall, without the attendance of a physician or midwife, immediately thereafter it shall be the duty of the
child to report its birth to the Registrar of Vital Statistics, Baltimore City, and the Registrar shall
any such person or persons who shall be found to have failed to comply with the provisions of this act shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 24 1894
4. Place of Birth, (Street and Number) 2438 Charles st
5. Full Name of Mother, Anne Marie Brumming
6. Mother's Maiden Name, " " Krause
7. Mother's Birthplace, Balta
8. Full Name of Father, John Brumming
9. Father's Occupation, Miller
10. Father's Birthplace, Balta
Name of Medical Attendant, or other person who makes this Return, Mrs E. P. Brunkes
Address, 1828 Lister st
Remarks, Living Well
8 9 4 0 0 0 5 9 4 9

RETURN OF A BIRTH. 61838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, 427 E. Pratt St.

Remarks.

8 7 4 0 0 0 6 9 5 0

and schedule and sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every year, the day of the year, the date and place of birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and should the person or persons of such attendance fail to do so, the provisions of this action shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 64839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 24 - 1894
4. Place of Birth, (Street and Number) 1413 Gough St.
5. Full Name of Mother, Louise Biscoe
6. Mother's Maiden Name, Sties
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert J. Biscoe
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mary Meir
- Address, 1427 E. Pratt St.
- Remarks, _____

64839

RETURN OF A BIRTH. 61840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male John Benjamin Brady
2. Race or Color, (if not of the white race) White

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 24th 1894

4. Place of Birth, (Street and Number) 3234 Foster Ave

5. Full Name of Mother, Kate Bradley

6. Mother's Maiden Name Kate Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Braddy

9. Father's Occupation..... *Farmer*

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, None of Above

Address, 824 Canton St

Remarks, Full name of child added by father when applying
a transcript 13-689-4 Oct 10 1895

Wm. J. C. Dunlap Co., City Printers and Stationers

Each certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the month in which the child is born, to the Registrar of Vital Statistics, Baltimore City, and shall be retained by him until called for by the practitioner. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-11-56
RETURN OF A BIRTH. 61841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Denson ~~Loane~~
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec. 24, 1894.*
4. Place of Birth, (Street and Number) *529 Robert St.*
5. Full Name of Mother, *Ida G. Loane*
6. Mother's Maiden Name, *Fuller*
7. Mother's Birthplace, *md.*
8. Full Name of Father, *Harry C. Loane*
9. Father's Occupation, *Blacklayer*
10. Father's Birthplace, *md.*
Name of Medical Attendant, or other person who makes this Return, *J. Lane Taneybull*
Address, *1103 Madison Ave.*
Remarks, _____

6940005953

RETURN OF A BIRTH. 61842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) —

2. Race or Color. (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

8 4 0 0 6 9 5 4

third schedule shall be delivered, duly signed by the practitioner in the form of a certificate bearing the name of the practitioner, to each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should an other person be present at the birth of a child to report to birth, the Commissioner of Health, in the manner and within the period above required, and any such person or persons neglecting to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ralph Norman ~~Wilkinson~~ 188

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 24, 1894.
4. Place of Birth, (Street and Number) No. 1836 Hartford ave
5. Full Name of Mother, Annie Wilkinson.
6. Mother's Maiden Name, Annie McCulloch.
7. Mother's Birthplace, Pennsylvania.
8. Full Name of Father, Isaac Wilkinson.
9. Father's Occupation, Engineer.
10. Father's Birthplace, Pennsylvania.
- Name of Medical Attendant, or other person who makes this Return, Aug. G. Clewell M.D.
- Address, 11441 Hartford ave.
- Remarks, _____

Name of Medical Attendant, or other person who makes this Return, Rev. A. Clewell

Address, 1141 W. 4th Ave.

Remarks, _____

8 9 4 0 0 0 6 9 5 5

RETURN OF A BIRTH. 61844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, *18. 12. 1843*

4. Place of Birth, (Street and Number) Allicanna street 1975
" 201

5. Full Name of Mother, Mary Jones
123 St.

6. Mother's Maiden Name, *Elon Krejcia*

7. Mother's Birthplace, Poland.
 1860 : 2

8. Full Name of Father, Antonio Regalado

9. Father's Occupation, Police

10. *Father's Birthplace,* (V. A. Clausen)

Name of Medical Attendant, or other person who makes this Return, *St. Ignace Hospital*

Address, _____ Thomas Str. No 1035.

Remarks, _____ 1 8 9 4 0 0 0 6 ^{12 feet} 9 5 6

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH *61846*
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *December 25th 94*
4. Place of Birth, (Street and Number) *1825 N Broadway*
5. Full Name of Mother, *Fannie Rebecca ~~Adams~~ Allard*
6. Mother's Maiden Name, *Garrett*
7. Mother's Birthplace, *Baltimore Mo*
8. Full Name of Father, *Howard Hartman Allard*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *city*
- Name of Medical Attendant, *R. G. Davis* or other person who makes this return.
- Address, *1507 N Caroline St*
- Remarks,

been so conferred) its sex, color, the full name of each child, the full name and occupation of its parents, the date and place of its birth, the day of each delivery, duty assigned to the practitioner in the case, the date and place of its admission to the hospital, the date and place where it will occur without the aid of the practitioner, the date and place of its discharge, the date and place of its death, the date and place of its burial, the name of the mother, the name of the father, the name of the physician or midwife, or someone of the rank of any such person or person to be so conferred. It shall be the duty of the practitioner to forward to the Commission, in the manner and within the time specified herein, a true and correct copy of the record of each child so conferred, and to keep a true and correct copy of the record of each child so conferred in the file of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

61847
(over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Irene Louise Grauling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 25 - 1894

4. Place of Birth, (Street and Number)

232 S. Bond St.

5. Full Name of Mother,

Mary C. Grauling

6. Mother's Maiden Name,

Wilhelm

7. Mother's Birthplace,

New Windsor, Maryland

8. Full Name of Father,

John Grauling

9. Father's Occupation

Stevardore

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Mary Stein

Address, 427 E. Pratt St.

Remarks,

8440006959

and the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or parents thereof shall be liable to a fine of ten dollars for each child to be paid to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

name Blance Elizabeth Gimpson

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) / 0

1. Sex, (state whether male or female) 2
female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 23rd of December 1894

4. Place of Birth, (Street and Number) 403 Hargrove Ln

5. Full Name of Mother, Charlotte Gough

6. Mother's Maiden Name, Charlotte Butler

7. Mother's Birthplace, St Marys Co Md

8. Full Name of Father, Alexander Gough

9. *Father's Occupation.* *Labourer*

10. Father's Birthplace, St Marys Co Ind

Name of Medical Attendant, or other person who makes this Return. Mrs. Charity Jones

Address, 609 Hargrove St

Remarks,

8 9 4 0 0 0 6 9 6 1

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 December 1894

4. Place of Birth, (Street and Number) 1836 Garret Ave.

5. Full Name of Mother, Anna Benminkler

6. Mother's Maiden Name, " Lehal

7. Mother's Birthplace, Germany

8. Full Name of Father, John Benminkler

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. W. J. C. Dulany

Address, 1331 Hill St. Locust Point.

Remarks.

1 8 9 4 0 0 0 8 9 6 2

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second entries, and the name and occupation of its parents, the date and place of birth: and the practitioner shall be liable to the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Registrar of Vital Statistics, Baltimore City, the name and occupation of the mother, and the date and place of birth of the child, and if such person or persons fail to comply with the provisions of this section, shall be liable to a fine not exceeding to the sum of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 35th 1894

4. Place of Birth, (Street and Number) 314 Pearl St

5. Full Name of Mother, Elsie Mann

6. Mother's Maiden Name, Elsie Huggelmeier

7. Mother's Birthplace, Osnabrück (Hanover) Germany

8. Full Name of Father, Conrad Mann

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Lichtenfels (Bavaria)

Name of Medical Attendant, or other person who makes this Return, Mrs. Leebach

Address, 735 So. Pratt St

Remarks,

1894 U O O 6 9 6 3

self, whether shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or the Commissioner of Health, no other person be in attendance upon the mother, the birth of such child shall be reported to the Commissioner of Health by the father, or by some other person, and any person who fails to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

EVER NAME ADDED 12-12-89
RETURN OF A BIRTH.

61853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alfred Jacob Fritz
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 25 - 1894*
4. Place of Birth, (Street and Number) *785 W. Mallory*
5. Full Name of Mother, *Carrie Fritz*
6. Mother's Maiden Name, *" Abel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Jacob Fritz*
9. Father's Occupation, *Cabinet-maker*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this Return, *C. L. Buddenbom*
Address, *418 S. Paca St.*
Remarks, *89400-6964*

to be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall become the legal parent of such child in the same manner as if the child had been born in a hospital, and the provisions of this section shall be applicable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

1853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) -

3. Date of Birth, Dec 25th

4. Place of Birth, (Street and Number) No 2233 10 E Carey St

5. Full Name of Mother, Maggie Louke

6. Mother's Maiden Name, Hartmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas. Louke

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Guss.

Address, 111 1907 E Monument St.

Remarks, 8940006965

RETURN OF A BIRTH.

61857

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

any one at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 26th 1894*
4. Place of Birth (Street and Number) *711 W. Lexington St.*
5. Full Name of Mother *Clara K. Price*
6. Mother's Maiden Name *Clara K. Fisher*
7. Mother's Birthplace *St. Louis Mo.*
8. Full Name of Father *Henry K. Price*
9. Father's Occupation *Traveling Salesman*
10. Father's Birthplace *North Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *J. A. Uppler M.D.*
- Address *661 W. Bayette St.*
- Remarks

8940006966

GIVEN NAME ADDED 11-3-55

61833-

and accepting and he delivered, duly signed by the practitioner in the form of a certificate, the name, age, sex and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case of a child born between the first and third day of each month, the certificate shall be delivered to the office of the Commissioner of Health, on the first day of the following month, and shall occur without the attendance of a physician or practitioner of midwifery. In case no other person shall be present upon the mother, Commissioner of Health, it shall become the duty of the person or persons of such family to report to the mother, Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to do so, shall be deemed to be guilty of a misdemeanor, and shall be liable to be subjected to the fine of ten or twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sophia Rebecca — Austine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

Ferrace

2. *Race or Color, (if not of the white race).*

W.H.

3. *Date of Birth.*

Dec. 25/94

4. *Place of Birth, (Street and Number).*

2622 May 1st

5. *Full Name of Mother,*

Bro Geo. W. Austin

6. *Mother's Maiden Name.*

Agnes E. Norris

7. *Mother's Birthplace,*

Permyscolania

8. *Full Name of Father.*

Geo W. Austin

9. *Father's Occupation.*

Grisman

10. *Father's Birthplace,*

Чернышов

Name of Medical Attendant, or other person who makes this Return.

E. A. Smith M.D.

Address,

2525 Penna. Ave.

Remarks.

8 9 4 0 0 0 6 9 6 7

Practitioner in the form of a certificate between the first and third day of each month, and shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, Board of Health, Baltimore City, to cause the birth of any child to be recorded in the birth register, or shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

61856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Dec 25/94

4. Place of Birth, (Street and Number) Free Lying-in Hospital 622 W. Lombard St.

5. Full Name of Mother, Mary Hanlan

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return. Harry N. Arthur M.D.

Address. 622 W. Lombard St. Dr. Resident

Remarks, _____

8 9 4 0 0 0 5 9 6 8

RETURN OF A BIRTH.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

TX

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)---

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return.

Address. *622 W. 20th St.*

Remarks.

~~8 7 4 0 0 0 5 9 6 9~~

[illegible]

and schedule shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or parent or person in charge of the child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 61858-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, Dec 26/94

4. Place of Birth, (Street and Number) 1047 Boyd St

5. Full Name of Mother, Jennie Fasset.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Harry S. Arthur M.D.

Address, 622 W. Lombard St. Jr. Resident Phy.

Remarks,

844000970

61859

[illegible]

67

Encls

Colonel

500 26

1230 Ething

Ann E. Butler

Thank

Bapt.

Wm L. Butler, Jr.

Winter

Beth

Mr. J. Campbell, M.D.

1062 Arzyle Ave.

8 9 4 0 0 0 6 9 7

RETURN OF A BIRTH. *61 Nov*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 26th 1894.

3. Date of Birth, Dec. 28 1871

4. Place of Birth, (Street and Number) 1617 N. Spring st.
St. Louis, Mo.

4. Place of Birth, (Street and City)
5. Full Name of Mother, Margaret Agnes Green
Graham

5. Full Name of Mother, Graham

6. Mother's Maiden Name, Brown

6. Mother's Maiden Name, _____
7. Mother's Birthplace, Balts. City

7. Mother's Birthplace, Dutchess Co. N.Y.
8. Full Name of Father, James E. Green

8. Full Name of Father, James
9. Father's Occupation, Painter

9. Father's Occupation, Farmer
10. Father's Birthplace, Balto. City

10. Father's Birthplace, *Danbo, Ariz.*
Name of Medical Attendant, *E. B. Tenby, M. D.* or other person who makes this Return,

Name of Medical Attendant, makes this return, _____
Address, 1219 N. Caroline st.

Remarks, 3 5 0 0 0 9 7 2

Wm J C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the physician, to the parent, the place of birth, and the date of birth of the child, and the date of the delivery, in the form of a certificate between the first and third day of each and every month of the year, to the Commissioner of Health. In case the birth of any child shall occur without the assistance of a physician or practitioner of midwifery, or of any other person so authorized by the board, the mother, immediately thereafter it shall become the duty of the person so required, and the child to report its birth to the Commissioner of Health, to the best of the knowledge of the person so authorized to report its birth, with the provisions of this section shall be subject to the penalty of a fine of not more than ten dollars for each offence, and the child and foetus are recoverable.

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE
MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED
AS REEL No. 90 1736 WERE PHOTOGRAPHED BY THE UNDERSIGNED
ON THIS DATE.

REEL BEGINS WITH 18940005255

REEL ENDS WITH 18940006972

BY [Signature]
(SIGNATURE OF OPERATOR)

DATE 8/22/78

HR - RM 25
(6-1-59)
HALL OF RECORDS COMMISSION